MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

66321

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 4 mo 15 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Alexandria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural, give location) 16 Sunset Drive

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Randolph (Last) ALLEN

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Nov 18, 1901

9. AGE last birthday: 48 yrs. If under 1 year: Months 06 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest

10b. KIND OF BUSINESS OR INDUSTRY: Various

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James W. ALLEN

14. MOTHER'S MAIDEN NAME: Ida H. BUTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Sister: Mrs James R. CONNER, Sr. 18 East Maple Street Alexandria, Virginia

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia, Cachexia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma lip c metastases widespread

(c)

INTERVAL BETWEEN ONSET AND DEATH

140x

450

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950, to June 16, 1950, that I last saw the deceased alive on June 16, 1950, and that death occurred at 10:25 P.m., from the causes and on the date stated above.

SIGNATURE: A. J. DELANEY (Degree or title) CAPTAIN, MC, USN ADDRESS U.S. NAVAL HOSPITAL DATE SIGNED 17 June 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 20, 1950

NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery

LOCATION (City, town, or county) (State): Alexandria, Virginia

DATE REC'D BY LOCAL REG.: June 17, 1950

REGISTRAR'S SIGNATURE: Edith WHITTINGTON

24. FUNERAL DIRECTOR ADDRESS: Demaine's Funeral Home, 520 South Washington St., Alexandria, Va.

E.R.B. 3267

VS-A15

RECEIVED
JUN 20 1980
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06322

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS West #39 Montgomery Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural give location) #39 West Montgomery Ave.

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Prout (Last) Anderson

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 4 1865

9. AGE last birthday: 85 yrs.; If under 1 year Months 2 Days 21; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: xx

11. BIRTHPLACE (State or foreign country): Rockville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Vinson

14. MOTHER'S MAIDEN NAME: Frances Prout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Thomas Anderson - Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

447x **Immediate cause** (a) Myocardial failure — 2 months

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis + hypertension — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1938, 19..., to June 25, 19 50, that I last saw the deceased alive on June 25, 19 50, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm A. Smithson, M.D. Rockville, Md. 6/25/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: June 27/50; NAME OF CEMETERY OR CREMATORY: Rockville Union Cemetery; LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG. 6/27/50; REGISTRAR'S SIGNATURE: Peggy A. Veazey; 24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey Bethesda, Md.

VS. A15

RECEIVED
JUN 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06323

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda. LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 108 Glenrose Street

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) W (Last) Anderson

4. DATE OF DEATH: (Month) (Day) (Year) 6-19-1950

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 5-6-1877

9. AGE last birthday: 73 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R.R. Official

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Madison Co., Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James W. Anderson

14. MOTHER'S MAIDEN NAME: Hesica Shawver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: xx

17. INFORMANT AND ADDRESS: Rebecca Anderson 108 Glenrose St., Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

420.1 9Hw

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5, 1949, to 6/17, 1950, that I last saw the deceased alive on 6/17, 1950, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. L. Marks, M.D. 6306 Wisconsin Ave Chevy Chase, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/21/50 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Prince George Co. Md.

DATE REC'D BY LOCAL REG. 6-20-50 — REGISTRAR'S SIGNATURE: Helen Murray Jr.

24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

15647

RECEIVED
JUN 22 1960
BUREAU F. B.

Evidence for addition in 18 & 19 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06324

CERTIFICATE OF DEATH

Reg. Dist. No. 215

FILE No. G 126 JUN 22 1950

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural, give location) Box 217, RFD # 1 Ft. Hunt Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Charles	ATKINSON	June	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	May 16, 1862	88 yrs.	00	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not known
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Johnson ATKINSON
14. MOTHER'S MAIDEN NAME: Margaret GRIFFITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT AND ADDRESS: Son-in-law: Edward H. WINGO.

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
450.1 Immediate cause	(a) Post operative, hypostatic pneumonia	3 days
97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic gangrene

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Low thigh amputation for arterio-sclerotic gangrene of the foot and toes (6/22/50 akc)	Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 5, 1950, to June 13, 1950, that I last saw the deceased alive on June 13, 1950, and that death occurred at 4:50 A m., from the causes and on the date stated above.

SIGNATURE: John H. Cheffey (Degree or title) J. H. CHEFFEY, LCDR, MC, USN ADDRESS U.S. NAVAL HOSPITAL DATE SIGNED 13 June 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transit-Burial	June 15, 1950	Private Cemetery	Cumberland Courthouse, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
13 June 1950	Elizabeth WILLETT	Wastler Funeral Home, 301 East Capitol Street, Washington, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1950
BUREAU W. B.

06325

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium	STREET ADDRESS (If rural, give location): 331 Baltimore Ave.

3. NAME OF DECEASED (Type or Print)	(First) Marjorie	(Middle) Fern	(Last) Bancroft	4. DATE OF DEATH	(Month) June	(Day) 3	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 4-5-97	9. AGE last birthday: 53 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Dept. Agriculture	11. BIRTHPLACE (State or foreign country): Madison, South Dakota	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Edgar Laughlin	14. MOTHER'S MAIDEN NAME: Lillie Mae Jones						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: Washington Sanitarium Records				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema and congestion	4 days
165 X Antecedent cause(s)		
47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic sarcoma of lungs	
	(c) Sarcoma, generalized	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1950, to 6-3, 1950, that I last saw the deceased alive on 6-3, 1950, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dean H Harding	MD	113 Carroll St NW, Wash DC	6-4-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: June 6, 1950	NAME OF CEMETERY OR CREMATORY: Gas Wash. Memorial Cemetery	LOCATION (City, town, or county): Hyattsville	(State): Md
DATE REC'D BY LOCAL REG.: 6/4/50	REGISTRAR'S SIGNATURE: J. Nelson Dodd	24. FUNERAL DIRECTOR: J. Arthur Walters, 254 Carroll St NW	ADDRESS: Wash. 12. D.C.	

236 98

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 7 1950
BUREAU T. S.

06326

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH· COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashton — LENGTH OF STAY (in this place) 43 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashton
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Hannah	(Middle) Elizabeth	(Last) Boswell	4. DATE OF DEATH	(Month) June	(Day) 1	(Year) 1950
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Dec. 18, 1884	9. AGE last birthday 65 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Howard County, Md			12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Anthony Boyd Poole			14. MOTHER'S MAIDEN NAME Matilda Harding				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT Carl Clifton Boswell				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.2	Immediate cause	(a) Chronic Myocarditis	2 yrs
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Arthritis	10 yrs
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from NW, 19 25, to 5/4, 19 50, that I last saw the deceased alive on 5/20, 1950, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Sandy Spring DATE SIGNED 6/1/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF JUNE 3, 1950	NAME OF CEMETERY OR CREMATORY UNION CEMETERY	LOCATION (City, town, or county) BURTONSVILLE, MONTG. CO (State) Md.
DATE REC'D BY LOCAL REG. 6-1-50	REGISTRAR'S SIGNATURE Gertrude B Lawler	24. FUNERAL DIRECTOR [signature]	ADDRESS 254 Carroll St N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06327

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; MARYLAND; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen. Hosp. Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 748 Silver Spring Ave.

3. NAME OF DECEASED (Type or Print): (First) Ellwood (Middle) JOSEPH (Last) Bouis

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify):

8. DATE OF BIRTH: 3/11/1889

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Paul Bouis

14. MOTHER'S MAIDEN NAME: Edna Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Mrs Edna Bouis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.1 **Immediate cause** (a) Cirhosis of Liver — Interval between onset and death: 2 yrs

124a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Alcoholism — 8 —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3/, 1950, to 6/6/, 1950, that I last saw the deceased alive on 6/5, 1950, and that death occurred at 3:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. W. Bird M.D. ADDRESS Sandy Spring Md. DATE SIGNED 6/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 8, 1950 | NAME OF CEMETERY OR CREMATORY: Monocacy Cemetery | LOCATION (City, town, or county) (State): Beallsville, Md.

DATE REC'D BY LOCAL REG. 6-7-50 | REGISTRAR'S SIGNATURE: Gertrude B. Fowler | 24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS Silver Spring, Md.

VS-A15

7021

RECEIVED
JUN 14 1950
BUREAU V. S.

06328

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

I

T

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 21 Hesketh St.

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) WRIGHT (Last) BOYCE

4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 11-25-1873
9. AGE last birthday 76 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Easton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Wright
14. MOTHER'S MAIDEN NAME Mary Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS James S. Boyce, Arlington, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	2 weeks
331X Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension arterial	10 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis. 4 years.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 5, 1946, to June 6, 1950, that I last saw the deceased alive on June 6, 1950, and that death occurred at 2:50A m., from the causes and on the date stated above.

SIGNATURE Frank S. Bacon, M.D. (Degree or title) ADDRESS 1150 - Conn. Ave. N.W. DATE SIGNED June 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-9-50
NAME OF CEMETERY OR CREMATORY Druid Hill Cem.
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 6-6-50
REGISTRAR'S SIGNATURE Helen Durvack
24. FUNERAL DIRECTOR J. H. Hines Co. ADDRESS Washington, D.C.

RECEIVED
JUN 8 1950
BUREAU V. S.

06329

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Montgomery

City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4611 Langdrum Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

HENRY C. BRUNNER

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary E. Brunner

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan., 11, 1874

8. AGE: Years	Months	Days	If less than one day
76			..... hrs. ..... min.

9. Birthplace: Pa.
(Town, county, and state)

10. Usual occupation: Retired Chief clerk

11. Industry or business: Navy Dept., Washington, D.C.

FATHER
12. Name: Unk.
13. Birthplace: Unk.

MOTHER
14. Maiden name
15. Birthplace: Pa

16. Informant: Mrs. Mary E. Brunner

Address: 4611 Langdrum Lane, Chevy Chase, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 6-6-50 (mouth) (day) (year)

Cemetery or crematory: —

Location: Royersford, Pa.

18. Funeral director: Chevy Chase Funeral Home

Address: 5101 Wisave N.W. Wash. D.C.

19. 6-6-50 (Date rec'd by registrar) 19 Helen Kurvosky Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1950, at 6:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1950, to June 6 1950 and that I last saw him alive on June 5 1950

Immediate cause of death	DURATION
Coronary thrombosis	48 hours
Due to arteriosclerosis coronary vessels and	10 years
Due to generalized	

Other conditions: 420.1
(Include pregnancy within 3 months of death)

94a

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert H. Coale M.D. M. D. or other

Address: 5707 Wisconsin Ave. Chevy Chase, Md. Date signed: June 6, 1950

23691

VS A15

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 8 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06330

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (in this place) 42 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Lodge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 500 W. Montgomery

3. NAME OF DECEASED (Type or Print): (First) Rosalie (Middle) Means (Last) Bullard

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify)

8. DATE OF BIRTH: 2/26/1860

9. AGE last birthday: 90 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HSWF

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Means

14. MOTHER'S MAIDEN NAME: Harriet Hildreth Means

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: daughter in law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure — Interval between onset and death: 10 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

420.0 93d

(b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

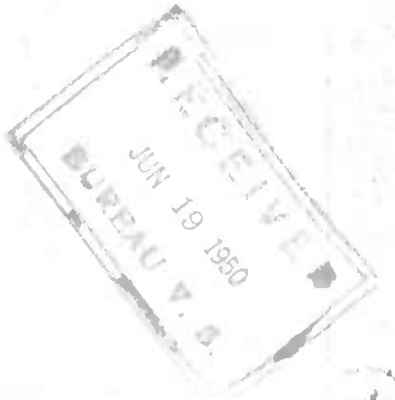
22. I hereby certify that I attended the deceased from 6/14, 1950, to 6/15, 1950, that I last saw the deceased alive on 6/15, 1950, and that death occurred at 12:45 A m., from the causes and on the date stated above.

SIGNATURE George C. Dan (Degree or title) M.D. ADDRESS 403 E Montgomery Ave, Rockville DATE SIGNED 6/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 6-17-50 NAME OF CEMETERY OR CREMATORY Rockville Union Cem. LOCATION (City, town, or county) Rockville, Md. (State)

DATE REC'D BY LOCAL REG. 6-16-50 REGISTRAR'S SIGNATURE Peggy H. Veagey

24. FUNERAL DIRECTOR Robert A. Dumphrey ADDRESS Bethesda, Md.


RECEIVED
JUN 19 1950
BUREAU V. S.

Evidence for change of residence shown on Film G127 8/2/50 dm. Hospital Letter.
Evidence for change of age shown on:

Evidence for change as shown in #18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 126 JUN 26 1950

FILM No. G 127 AUG 23 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 214 00331

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH
COUNTY: Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Glen
LENGTH OF STAY (in this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Walter Reed General Hospital Forest Glen Annex

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: ~~Florida~~ GEORGIA COUNTY: Lowndes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Valdosta
STREET ADDRESS (If rural, give location): 802 Toombs Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W (Last) Burrows

4. DATE OF DEATH: (Mooth) 6 (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Jan. 30, 1908

9. AGE last birthday: ~~41~~ 42 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Army Officer

10b. KIND OF BUSINESS OR INDUSTRY: Army Officer

11. BIRTHPLACE (State or foreign country): Savannah, Georgia

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Delia Roach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): 1942-50

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Mary L. Burrows, (wife) Box 810, Eau Gallie, Fla.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure (Final diagnosis pending pathological and toxicology examinations) — Interval between onset and death: Sudden

422.2 93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocardial insufficiency, acute, severe, secondary to

(c) interstitial myocarditis, chronic, moderate, cause unknown.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

(8-22-50- ams)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. Staff, WRGH

I hereby certify that I attended the deceased from Jan. 8, 1950 to June 14, 1950, that I last saw the deceased alive on 14 June, 1950, and that death occurred at 1:10 P. m., from the causes and on the date stated above.

SIGNATURE: Frank A. Sisi (Degree or title) Maj. M.C. ADDRESS: Walter Reed General Hospital DATE SIGNED: 14 June 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Trans & Burial — DATE — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6/15/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS

60869

RECEIVED
JUN 19 1950
BUREAU V. D.

06332

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenwood — LENGTH OF STAY (in this place) 8 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenwood
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Shadow Rd.	STREET ADDRESS (If rural, give location) 120 Shadow Rd.

3. NAME OF DECEASED (Type or Print)	(First) Nabora	(Middle) (NMI)	(Last) Camacho	4. DATE OF DEATH	(Month) June (Day) 1, (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH ~~UNKNOWN~~ 1874	9. AGE last birthday about 75 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse -Practical	10b. KIND OF BUSINESS OR INDUSTRY Pvt. Home.	11. BIRTHPLACE (State or foreign country) Mexico	12. CITIZEN OF WHAT COUNTRY? Mexico		
13. FATHER'S NAME Apolino Camacho		14. MOTHER'S MAIDEN NAME Epimenia Jaso			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. No	17. INFORMANT AND ADDRESS Northcutt Ely-120 Shadow Rd. Kenwood, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart ~~Disease~~	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic Heart Disease with	
	(c) Auricular fibrillation	

42010

93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1944, to June 1, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. Herbert Bauersfeld	M.D	1912 R. St. NW.	6/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE THEREOF 6/2/50	NAME OF CEMETERY OR CREMATORY Cedar Hill	LOCATION (City, town, or county) (State) Prince George Co., Md.
DATE REC'D BY LOCAL REG. 6-2-50	REGISTRAR'S SIGNATURE Helen Kurvacks	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.

76086

RECEIVED
JUN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06333

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Eldrid Street

3. NAME OF DECEASED (Type or Print): (First) ELSIE (Middle) Christina (Last) Carter

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 29-97

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Massillon Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Snyder

14. MOTHER'S MAIDEN NAME: Anne Roth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Charles E. Carter (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — Interval Between Onset and Death: 2½ yrs

151X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 May, 1950, to 1 June, 1950, that I last saw the deceased alive on 1 June, 1950, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

SIGNATURE: William D Lund (Degree or title) M.D. ADDRESS: Silver Spring Md DATE SIGNED: 1 June '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/6/50 — NAME OF CEMETERY OR CREMATORY: Wash. Natl. — LOCATION (City, town, or county) (State): Lanham Md

DATE REC'D BY LOCAL REG. 6/5/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 5/7 11th St SE DC

RECEIVED
JUN 6 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06334

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 5 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 4701 Connecticut Avenue, NW

3. NAME OF DECEASED (Type or Print): (First) Harley (Middle) Hannibal (Last) CHRISTY

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 18, 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months 08 Days 16 If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy Line Officer

10b. KIND OF BUSINESS OR INDUSTRY: US Navy

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John W. CHRISTY

14. MOTHER'S MAIDEN NAME: Martha OMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) SpAmer WW I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife: Agatha CHRISTY.

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac tamponade	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion	2 days
	(c) Arteriosclerotic cardio-vascular disease	

420.1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1950, to June 4, 1950, that I last saw the deceased alive on June 4 1950, and that death occurred at 5:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. J. DEMPSEY, LTJG, MC, USN

ADDRESS U.S. NAVAL HOSPITAL

DATE SIGNED June 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 6-9-50

NAME OF CEMETERY OR CREMATORY Naval Academy Cemetery

LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. 7 June 1950

REGISTRAR'S SIGNATURE Elizabeth WILLETT

24. FUNERAL DIRECTOR ADDRESS S. H. HINES, 2901 14th Street, NW, Washington, D.C.

W.A.S.

11296

RECEIVED
JUN 9 1960
BUREAU U.S.

06335

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 9604 Dilston Rd.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) L. (Last) Collins

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 4 1877

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer's Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown George Henry Collins

14. MOTHER'S MAIDEN NAME: Unknown Sarah Ellen Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Ralph R. Collins 9604 Dilston Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	1 day
420.0 Antecedent cause(s)	(b) Arteriosclerotic Heart Disease, severe	8 mos.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jun, 1950, to 2 Jun, 1950, that I last saw the deceased alive on 2 Jun, 1950, and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert Shunder	M.D.	5600 N. Hamp. Ave.	6-2-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 4, 1950	Hillcrest Cemetery	Frederalsburg	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-5-50	Helen Kennedy	Adams & Williamson	Frederalsburg Md.

7

RECEIVED
JUN 8 1960
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06336

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville. LENGTH OF STAY (in this place) Since Sept 7-1949
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe's Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Iowa COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Madison.
STREET ADDRESS (If rural give location) 1125- Avenue D.

3. NAME OF DECEASED (Type or Print) (First) AMELIA (Middle) VIRGINIA (Last) COUGHLIN

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1950

5. SEX Female
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 2-1872
9. AGE last birthday 77 yrs. If under 1 year: Months 6 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (State or foreign country) Ft. Madison Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Hinken.
14. MOTHER'S MAIDEN NAME Adeline Fingman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT E. W. Coughlin.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 9 days

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to 6-14, 1950 that I last saw the deceased alive on 6-14, 1950, and that death occurred at 8 40 p.m., from the causes and on the date stated above.

SIGNATURE John S. Rogers, M.D. (Degree or title) ADDRESS 1009 Seminary Rd. Silver Spring Md DATE SIGNED 6-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 19, 1950
NAME OF CEMETERY OR CREMATORY Gethsemane Cemetery
LOCATION (City, town, or county) Fort Madison, (State) Iowa.

DATE REC'D BY LOCAL REG. 6/15/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. Takoma Park - D.C.

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BUREAU V. S.

06337

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Scotland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Scotland
STREET ADDRESS: (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lorenza (Middle) (Last) Crawford
4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1950
5. SEX: male
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Sept. 8, 1866
9. AGE last birthday: 83 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm hand
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Crawford
14. MOTHER'S MAIDEN NAME: Charlotte Onley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT: Mrs Bertha P. Crawford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — few hours

420.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — ? years

(c) Cardiorenal Disease c̄ Edema — "

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — "

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13 1949, to June 21, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at 6:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Webster Sewell, M.D. — ADDRESS: Norbeck Md — DATE SIGNED: 6.23.50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/24/50 — NAME OF CEMETERY OR CREMATORY: Scotland — LOCATION (City, town, or county) (State): Scotland, Md

DATE REC'D BY LOCAL REG.: 6/24/50 — REGISTRAR'S SIGNATURE: Mrs Peggy Y. Veaney — 24. FUNERAL DIRECTOR: Robert L. Snowden, Rockville, Md — ADDRESS:

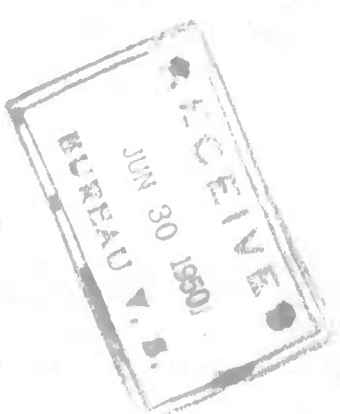
Rev. L. G. Burdett

000W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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BUREAU V. S.

06338

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dawsonville
LENGTH OF STAY (in this place) all of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dawsonville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dawsonville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roger W. (Middle) (Last) DARBY
4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED? (Specify) Single
8. DATE OF BIRTH Feb. 28 1878
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner Farmer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? Montgomery
13. FATHER'S NAME Lawrence A Darby
14. MOTHER'S MAIDEN NAME Sallie Chiswell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Thomas C Darby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac ischemia	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion	5 minutes
	(c) Arteriosclerotic heart disease	6 months

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 April 1950, to June 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE John G. Fawcett (Degree or title) M.D. ADDRESS Boyd Md DATE SIGNED June 29 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/30/50
NAME OF CEMETERY OR CREMATORY Mono Cacy
LOCATION (City, town, or county) Beallsville (State) Md

DATE REC'D BY LOCAL REG. June 29 1950
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. Hilton Funeral Home ADDRESS Barnesville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06339

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boyd Rural
LENGTH OF STAY (in this place): 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boyd (near)
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Franklin (Last) Dillehay

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 18th 1864

9. AGE last birthday: 85 yrs. If under 1 year: Months 11 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Montgr, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Dillehay

14. MOTHER'S MAIDEN NAME: Shirlottie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Son - Earl Dillehay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema, acute	1 hour.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left Hemiparesis Secondary to Cerebral Hemorrhage	3 days
	(c) Hypertensive - Arteriosclerotic Cardiovascular disease	15 years

443X
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to 8 June, 1950, that I last saw the deceased alive on 8 June, 1950, and that death occurred at 10 40 A.m., from the causes and on the date stated above.

SIGNATURE: Gordon M. Smith (Degree or title) M.D. ADDRESS: Barnesville Md. DATE SIGNED: 8 June 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/10/50 — NAME OF CEMETERY OR CREMATORY: Boyd Presbyterian — LOCATION (City, town, or county) (State): Boyd Md

DATE REC'D BY LOCAL REG.: 6/10/50 — REGISTRAR'S SIGNATURE: Mrs. C. C. Hilton

24. FUNERAL DIRECTOR: Wm. B. Hilton ADDRESS: Barnesville 309V9 Md.

RECEIVED
JUN 23 1950
BUREAU F. B. I.

06340

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park Md. — LENGTH OF STAY (in this place): 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hosp. Takoma Park Md.	STREET ADDRESS (If rural, give location): 2438 N Columbus St.

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Aloysius	(Last) Duff	4. DATE OF DEATH	(Month) June (Day) 9 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: 8-8-1877	9. AGE last birthday: 72 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk.	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (State or foreign country): Wiexford Ireland.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: David P. Duff	14. MOTHER'S MAIDEN NAME: Mary C. Higgins				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Hospital Records.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 x Immediate cause (a) Cerebral Accident

30 a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tabes Dorsalis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-30, 1950, to 6-9, 1950, that I last saw the deceased alive on 6-9, 1950, and that death occurred at 9 35 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dean H. Harding	M.D.	113 Carroll St NW Wash DC	6-9-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF: 6/11/50	NAME OF CEMETERY OR CREMATORY: Congressional Cem	LOCATION (City, town, or county) (State): Wash. D.C.
DATE REC'D BY LOCAL REG.: 6/9/50	REGISTRAR'S SIGNATURE: J. Wilson Dodd	24. FUNERAL DIRECTOR: John Lee Sons Co	ADDRESS: 300-4th St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1980
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06341

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. — LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Maryland
STREET ADDRESS (If rural, give location) 1011 Larch Ave.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) — (Last) Field

4. DATE OF DEATH: (Month) 6 - (Day) 4 - (Year) 1950

5. SEX: Male

6. COLOR OR RACE: W Polish

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-6-1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Gov't. Printer

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? Poland.

13. FATHER'S NAME: John Field

14. MOTHER'S MAIDEN NAME: Barbara Cichanski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wash. San & Hosp records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Nephro-sclerosis - Uremic State — 3 wks.

446 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertension — ? years

131 a (c) Arteriosclerosis. — ? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1950, to June 4, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

SIGNATURE: Robert A. Hare (Degree or title) M.D. ADDRESS Takoma Park, Md. DATE SIGNED 6/4/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/6/50	Cedar Hill Cemetery	Suitland, Prince Geo., Md.

DATE REC'D BY LOCAL REG. 6/5/50. — REGISTRAR'S SIGNATURE J. Milton Dodd — 24. FUNERAL DIRECTOR Wiener E. Pumphrey — ADDRESS Silver Spring, Md

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06342

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 3172 Plyers Mill Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Catherine E. Fischer
4. DATE OF DEATH (Month) (Day) (Year): June 10 1950

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Apr. 29, 1905
9. AGE last birthday: 45 yrs. — If under 1 year: Months 1, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Belgaum, India
12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: David O. Ernsberger
14. MOTHER'S MAIDEN NAME: Margaret Carver (CARVER)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service):
16. SOCIAL SECURITY No.: 119-14-0014
17. INFORMANT AND ADDRESS: Husband - 3172 Plyers Mill Rd Kensington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170x Immediate cause (a) Carcinomatosis, both lungs and liver — 6 mos

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, left breast (adencarcinoma Grad III — 1 year +

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Bronchopneumonia, terminal

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to June 10, 1950, that I last saw the deceased alive on June 9, 1950, and that death occurred at 6 33 a. m., from the causes and on the date stated above.

SIGNATURE: Stewart Clapp (Degree or title): M.D. ADDRESS: 3921 Ingomar St. N.W. Wash D.C. DATE SIGNED: 6-10-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial-Transit — DATE: July 5, 1950 — NAME OF CEMETERY OR CREMATORY: Glendale, California — LOCATION (City, town, or county) (State): Glendale, California

DATE REC'D BY LOCAL REG.: 7-1-50 — REGISTRAR'S SIGNATURE: Helen Kurvach
24. FUNERAL DIRECTOR: Lowell A. Humphrey — ADDRESS: Bethesda, Md.

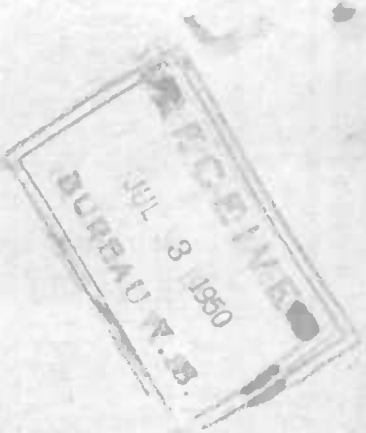
M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
JUL 3 1950
BUREAU N.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06343

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY MONTG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
STREET ADDRESS (If rural, give location) 4707 DeRUSSEY PARKWAY

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) FISHER

4. DATE OF DEATH: (Month) JUNE (Day) 18 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: SEPT 27, 1868

9. AGE last birthday: 81 yrs. — If under 1 year: Months 8, Days 21 — If under 24 hrs.: Hours, Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lawyer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MIDDLETOWN, OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: RACHEL E. FISHER 4707 DeRussey Pkwy, Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion. — 5-10 mins.

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1950, to June 18, 1950, that I last saw the deceased alive on June 18, 1950, and that death occurred at 10:55 a.m., from the causes and on the date stated above.

SIGNATURE George A. Gray (Degree or title) M.D. — ADDRESS 104 Chevy Chase Dr. Chevy Chase, Md. — DATE SIGNED 6/19/'50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/21/50 — NAME OF CEMETERY OR CREMATORY: Columbia Gardens — LOCATION (City, town, or county) (State): Arlington County, Va.

DATE REC'D BY LOCAL REG. 6-19-50 — REGISTRAR'S SIGNATURE Helen Kuwada — 24. FUNERAL DIRECTOR — ADDRESS: The S. N. Hines Company 2901 14th St. N.W.

V2693

VS. A15

Coroner granted permission for attending physician to sign death certificate.

- Geo. A. Smith, Jr. M.D. -

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06344

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OINEY
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): 421 Reading Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WINDA	LOUISE	Fraley	JUNE	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	SINGLE	May 24 1946	4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child	None	OINEY Maryland	U.S.A.

13. FATHER'S NAME: Albert B. Fraley
14. MOTHER'S MAIDEN NAME: Virginia Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.0 **Immediate cause** (a) Acute Lymphoid Leukemia — 4½ mos

740 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 7, 1949, to 6/10, 1950, that I last saw the deceased alive on 6/10, 1950, and that death occurred at 8 55 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	Sandy Spring Md	6/10/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 12 1950	St Lukes Lutheran	Redland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-11-50	Gertrude B. Lawler	Roy W. Barker	Laytonsville Md

RECEIVED
JUN 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06345

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg | LENGTH OF STAY (in this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg —
STREET ADDRESS (If rural give location) Rt #240, Watkins Rd, 11 Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Cullen	French	June	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	3/18/1883	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Profession of Education	Girls University	~~Tennessee~~ Texas	U.S.A.

13. FATHER'S NAME John Wesley French — 14. MOTHER'S MAIDEN NAME Eliza Webb —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.			Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	10 minutes
420.1 Antecedent cause(s)	(b) Coronary Arteriosclerosis	10 years —
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Prostatic hypertrophy & retention	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/13, 1950 to 6/1, 1950, that I last saw the deceased alive on 5/25, 1950, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE Geo. Webb (Degree or title) D.D. ADDRESS Rockville, Md. DATE SIGNED 6/1/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6.5.50	Memorial Park Cemetery	Falls Church	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-1-50	Mrs. Peggy Beagy	The L.P. Hines Co.	2901 — 14th St. N.W. Wash., D.C.

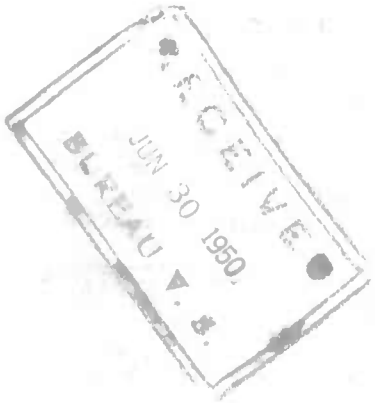
Pfc. Cpl. D. Miller

V1091

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
JUN 30 1950
BUREAU U. S.

Evidence for change of birth date shown on:

FILM No. G 126 JUN 9 1950

06346

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Rebecca (Last) Ganley

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct 13th 1863

9. AGE last birthday: 86 yrs. If under 1 year: Months 7 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Montg. Co, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Eden Selby

14. MOTHER'S MAIDEN NAME: Martha Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Edward P. Ganley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive failure — Interval between onset and death: 2 months

422.1 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) { arteriosclerosis / Chronic myocarditis } — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19..., to June 3, 19 50, that I last saw the deceased alive on June 3, 1950, and that death occurred at 16 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm A. Smithson MD Rockville, Md. June 4 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 6/6/50

NAME OF CEMETERY OR CREMATORY: Forest Oak

LOCATION (City, town, or county) (State): Gaithersburg Md.

DATE REC'D BY LOCAL REG.: June 5 1950

REGISTRAR'S SIGNATURE: Wanda A Cook

24. FUNERAL DIRECTOR ADDRESS: Ernest C. Gartner, Gaithersburg Md,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS, A15

RECEIVED
JUN 7 1950
BUREAU U.S.

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06347

FILM No. G 126 JUL 6 - 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 34 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash San and Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 901 Davis Avenue

3. NAME OF DECEASED (Type or Print) (First) Mr Ivor (Middle) August (Last) Gehrman

4. DATE OF DEATH (Month) June (Day) 26 (Year) 1950

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 6-4-78 84
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman
10b. KIND OF BUSINESS OR INDUSTRY Mgf. Co
11. BIRTHPLACE (State or foreign country) Australia Queensland
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME Henry Gehrman
14. MOTHER'S MAIDEN NAME Alice Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 578-03-5477
17. INFORMANT AND ADDRESS Honor H. Gehrman - son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Adrenal Insufficiency	seventh
585 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cholecystitis and Pancreatitis	years
65b	(c) Terminal Bronchopneumonia	days
		years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1950, to June 26, 1950, that I last saw the deceased alive on 6-26, 1950, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE De Vor K. Meade M.D. (Degree or title) ADDRESS Takoma Park 12, Md DATE SIGNED 6-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 29, 1950
NAME OF CEMETERY OR CREMATORY Wash. Mem.
LOCATION (City, town, or county) (State) France Geo. Co.

DATE REC'D BY LOCAL REG. 6/26/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md

V6244

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUIL 29 1950
BUREAU V.M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06348

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

M

I

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) East Middle Lane

3. NAME OF DECEASED (Type or Print): (First) HENSON (Middle) Giddings (Last)

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: [illegible] 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Rockville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Washington Giddings.

14. MOTHER'S MAIDEN NAME: Mary — (unk.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: County Welfare

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

460.0 Immediate cause (a) Generalized arteriosclerosis with acute congestive heart failure

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) Malnutrition

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-14, 1950, to 6-26, 1950, that I last saw the deceased alive on 6-26, 1950, and that death occurred at 6 12 p.m., from the causes and on the date stated above.

SIGNATURE Mary R. (Degree or title) M.D. ADDRESS Suburban Hospital, Bethesda, Md. DATE SIGNED 6-27-1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 6/29/50 | NAME OF CEMETERY OR CREMATORY Haiti | LOCATION (City, town, or county) Rockville, Md (State)

DATE REC'D BY LOCAL REG. 6-29-50 | REGISTRAR'S SIGNATURE Helen Kurvach | 24. FUNERAL DIRECTOR Robert L. Snowden | ADDRESS Rockville Md

XV199

RECEIVED
JUL 1 1930
BUREAU V. S.

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06350

FILM No. G 120 JUL 10 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park. — LENGTH OF STAY (in this place): 3½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY — STATE: District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D-C.
STREET ADDRESS (If rural, give location): 1612 Keanny St. N.E.

3. NAME OF DECEASED (Type or Print): (First) Richard. (Middle) Dunn (Last) Giffen

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 23, 1930

9. AGE Last birthday: 20 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Takoma Park. Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: W. Wylie Giffen

14. MOTHER'S MAIDEN NAME: Edith Dunn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241 X — **Immediate cause** (a) Unknown [illegible] [illegible]

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Asthma since childhood

(c) No cause of death illicited at autopsy (7/10/akc)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chiropractic (Bilateral transaxilla Laminectomy [illegible]

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23, 19..., to 6-26, 19..., that I last saw the deceased alive on 6-26, 19..., and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leon D. Mead [illegible] 6-26-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-29-50	Fort Lincoln Comm	Pr. George's Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/22/50	J. Walter Dodd	The S. H. Sims Co.	2901-14th St. N.W. Wash D.C.

KVX99

RECEIVED
JUN 29 1950
U. S.
BUREAU

06349

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHESA
LENGTH OF STAY (in this place) 21 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 305 Holly Ave COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Ave.
STREET ADDRESS (If rural, give location) Maryland.

3. NAME OF DECEASED (Type or Print) (First) WILBURN (Middle) A. (Last) GRAHAM
4. DATE OF DEATH (Month) 6 (Day) 21 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep
8. DATE OF BIRTH about 1905
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food Salesman
10b. KIND OF BUSINESS OR INDUSTRY Truck Driver
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Brother Harry P. Graham (Same address as above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Heart Failure

163X Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Malignancy

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4.18 P m., from the causes and on the date stated above.

SIGNATURE Milton L. Weingarten Mr (Degree or title) ADDRESS 1726 M St. N.W. DATE SIGNED 6/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE June 25 1950 NAME OF CEMETERY OR CREMATORY Chestnut Hill LOCATION (City, town, or county) (State) Salisbury North Carolina

DATE REC'D BY LOCAL REG. 6-22-50 REGISTRAR'S SIGNATURE Helen Kurvach

24. FUNERAL DIRECTOR J. Arthur Walters By H.M. Day ADDRESS 254 Carroll St. N.W. Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

Dr. Broshard was notified and clearance for signature given

M. F. Weingarten Md.

RECEIVED
JUN 26 1950
BUREAU V. A.

Graybill

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06351

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7625 Eastern Ave.	STREET ADDRESS (If rural give location): 7075 Eastern Ave.

3. NAME OF DECEASED (Type or Print): (First) WARREN (Middle) H. (Last) GRAYBILL				4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1950			
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: Feb. 7 1877	9. AGE last birthday: 73 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming	10b. KIND OF BUSINESS OR INDUSTRY: Owner-Farmer	11. BIRTHPLACE (State or foreign country): Turkey River - Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: Daniel Graybill			14. MOTHER'S MAIDEN NAME: Mary Hacker				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service): —	16. SOCIAL SECURITY NO.		17. INFORMANT: Mrs. Ruth R. Hall				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Embolism

332x

Antecedent cause(s)

83b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May, 1950, to 6-9, 1950, that I last saw the deceased alive on 6-9, 1950, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dean H. Harding	M.D.	113 Carroll St NW. Wash DC	6-9-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE: June 13, 1950	NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery	LOCATION (City, town, or county): Mapleton,	(State): Iowa
DATE REC'D BY LOCAL REG.: 6/9/50	REGISTRAR'S SIGNATURE: J. Milton Dodd	24. FUNERAL DIRECTOR: J. Arthur Walters,	ADDRESS: 254 Carroll St. NW Wash. 12 DC	

VS. A15

RECEIVED
JUN 13 1950
BUREAU V. S.

06352

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Browningsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Monrovia

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Browningsville
STREET ADDRESS (If rural, give location) R.F.D. Monrovia

3. NAME OF DECEASED (Type or Print) (First) Dennis (Middle) Wayne (Last) Griffin
4. DATE OF DEATH (Month) Jnsspe (Day) 1 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 2m 1950
9. AGE last birthday yrs. If under 1 year Months 3 Days 29 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Rev. Don E. Griffin
14. MOTHER'S MAIDEN NAME Mary Frances Lunceford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --- (If yes, give war or dates of service) ---
16. SOCIAL SECURITY No. ------
17. INFORMANT Rev. Don E. Griffin, Monrovia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Status Thymacolymphaticus — INTERVAL BETWEEN ONSET AND DEATH: Found dead in crib

273x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

64

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing tn the death but nnt related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 6-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 3,1950
NAME OF CEMETERY OR CREMATORY Bethesda Church
LOCATION (City, town, or county) (State) Browningsville, Md.
DATE REC'D BY LOCAL REG. June 1,1950
REGISTRAR'S SIGNATURE Della N. Burdett
24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

9-V-2-02-0-99-V 99-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVE
JUN 6 1950
BUREAU V. S.

06353

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md
LENGTH OF STAY (in this place) 18 dm
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 606. 34th Pl NW

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) Marie (Last) Hammer
4. DATE OF DEATH (Month) JUNE (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6/9/96
9. AGE last birthday 54 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Indianapolis Ind
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Milton L. Roberts
14. MOTHER'S MAIDEN NAME Amanda Krumbine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Wash. San. & Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
153x Immediate cause	(a) Hepatic Insufficiency	3 wks.
Antecedent cause(s)	(b) metastatic carcinoma of liver	3 mo +
46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) adenocarcinoma of colon	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to 10 June, 1950, that I last saw the deceased alive on 9 June, 1950, and that death occurred at 11 47 p m., from the causes and on the date stated above.

SIGNATURE A. H. Richwine (Degree or title) MD. ADDRESS 5522 Western Ave Chevy Chase Md DATE SIGNED 11 June 50.

23. BURIAL, CREMATION REMOVAL (Specify) DATE 6/14/50 NAME OF CEMETERY OR CREMATORY Arlington Natl. Cem. LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REG. 6/11/50 REGISTRAR'S SIGNATURE J. Wilm Dodd
24. FUNERAL DIRECTOR S. H. Heiner Co. ADDRESS 2901-14th NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1960
BUREAU V. S.

06354

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1603 Myrtle Road

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) Martin (Last) Hansen
4. DATE OF DEATH (Month) 6 (Day) 18 (Year) 1950

5. SEX Male
6. COLOR OR RACE Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-6-1875
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) contractor
10b. KIND OF BUSINESS OR INDUSTRY Genl. Cont. & Builder
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hans Erikson
14. MOTHER'S MAIDEN NAME Martha Bengtson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. 005-12-0378
17. INFORMANT AND ADDRESS H. E. Andren M.D. (son-in-law)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Occlusion	5 hrs
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1950, to June 18, 1950, that I last saw the deceased alive on June 18, 1950, and that death occurred at 9:00 P m., from the causes and on the date stated above.

SIGNATURE Robert A. Hare M.D. (Degree or title) ADDRESS Takoma Park, Md. DATE SIGNED 6/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 21, 1950
NAME OF CEMETERY OR CREMATORY George Wash. Memorial
LOCATION (City, town, or county) Riggs Rd, Hyattsville, Prince Co. Md. (State)

DATE REC'D BY LOCAL REG. 6/19/50.
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Arthur S. Walters 254 Carroll St. N.W. Takoma Park, D.C.

15660

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06355

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Colesville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Joliffe Convalescent and Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2124 Sudbury Place, N. W.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) J. (Last) Heisse

4. DATE OF DEATH: (Month) June (Day) 18, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 20, 1870

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Christopher Hennick

14. MOTHER'S MAIDEN NAME: Mary Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: 2124 Sudbury Pl., N.W. Mrs. G. Raymond Wilhelm, Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart Failure — 1 day

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 938 (b) Ventricular Fibrillation — 2 days

(c) Chronic Myocardial Disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-5, 19 50 to 6-14, 19 50; that I last saw the deceased alive on 6-12, 19 50; and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE: Chas. S. Rogers M.D. (Degree or title)

ADDRESS: 1009 Seminary Rd. Silver Spring Md.

DATE SIGNED: 6-20-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 20, 1950

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 6/19/50

REGISTRAR'S SIGNATURE: H. W. Reduck

FUNERAL DIRECTOR: Miller Lamorman

ADDRESS: 4510 Liberty Heights Ave.

06356

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs
STATE: MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs, R.F.D.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Georgia (Middle) (Last) Henderson

4. DATE OF DEATH: (Month) June (Day) 8, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	A.A.	Widowed	Aug. 13, 1876	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House keeper	Home	Nashville, Tenn	U.S.A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Hannah Hokes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Pinkney W. Marbley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	2 yrs (?)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis	"
	(c)	

592x
131b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

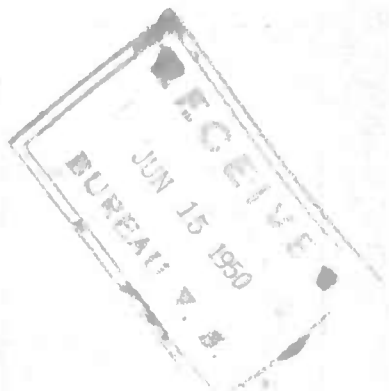
22. I hereby certify that I attended the deceased from March, 1950, to 6/8, 1950, that I last saw the deceased alive on 6/7, 1950, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Calvin B. Le Compte ADDRESS: Wheaton Md DATE SIGNED: 6/9/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-10-50	Good Hope	Colesville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/12/50	Francis Potter	Robert L. Snowden,	Rockville, Md.

52086


RECEIVED
JUN 15 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06357

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY 102 Allegany Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Oaklawn Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.; STREET ADDRESS (If rural give location) 2701 14th St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Missouri (Middle) Holderby (Last)

4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 19 50

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 3/7/69

9. AGE last birthday 81 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) La Platta, Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew Mathews

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Josephine Long daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Colon — Interval Between Onset and Death: 15 Months

153 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

46 2

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April & Oct 1949

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bowel

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 49, to June 1, 19 50, that I last saw the deceased alive on June 1, 19 50, and that death occurred at 12 45 Noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Wellman 2731 Conn. Av. Washington D.C. 6/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 6/2/50; NAME OF CEMETERY OR CREMATORY Bozeman City Cemetery; LOCATION (City, town, or county) (State) Bozeman, Mont.

DATE REC'D BY LOCAL REG. 6/1/50; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR S.A. Hines Co. 2401-14th St NW Wash. D.C. ADDRESS

VS. A15

RECEIVED
JUN 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06358

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandy Spring
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandy Spring
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Alfred (Last) HOOD

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 18, 1882

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles R. Hood

14. MOTHER'S MAIDEN NAME: Martha Jane Fuller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If year, give war or dates of service): WW

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Mary Hood.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebral Hemorrhage — Interval between onset and death: 7½ hr.

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Hypertension, Essential — years

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 48, to June, 19 50, that I last saw the deceased alive on June 24, 19 50, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard A. Yates, M.D. ADDRESS: Olney, Md. DATE SIGNED: 6/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 6/28/50
NAME OF CEMETERY OR CREMATORY: Arlington Nat.
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 6-27-50
REGISTRAR'S SIGNATURE: Gertrude B Fowler
24. FUNERAL DIRECTOR ADDRESS: Robert L. Suburden

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1950
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06359

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brinklow
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Harold (Last) Hopkins

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: June 7, 1878

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: LIVESTOCK MERCHANT

11. BIRTHPLACE (State or foreign country): HIGHLAND, HOWARD CO., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Hopkins

14. MOTHER'S MAIDEN NAME: Martha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: SAMUEL HOPKINS - (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia — Interval Between Onset and Death: 6/18/50

610X Antecedent cause(s) 131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Interstitial Nephritis, Hypertension — yrs

(c) Senile Arteriolic Hypertrophy — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8/50, 1950, to 6/20/50, 1950, that I last saw the deceased alive on 6/16/50, 1950, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. W. Bird M.D. ADDRESS Sandy Spring, Md. DATE SIGNED 6/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 21 JUNE 1950 — NAME OF CEMETERY OR CREMATORY: GREENMOUNT — LOCATION (City, town, or county) (State): BALTIMORE, Md.

DATE REC'D BY LOCAL REG.: June 21-1950 — REGISTRAR'S SIGNATURE: William M. Kelly, Jr.

24. FUNERAL DIRECTOR: Walter Brooke Bradley — ADDRESS: Glendale, Md.

12260

RECEIVED
JUN 22 1950
BUREAU V. S.

06360

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 7 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3116 Parkway Terrace Drive, SE ✓

3. NAME OF DECEASED (Type or Print): (First) Maude (Middle) Ann (Last) HUDDLESTON

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan. 1, 1893

9. AGE last birthday: 57 yrs. If under 1 year: Months 05 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank HUELSMAN

14. MOTHER'S MAIDEN NAME: Minnie SCIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. - - - -

17. INFORMANT: Son: Robert E. HUDDLESTON

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	PERITONITIS	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	PERFORATED GASTRIC ULCER	1 day
(c)	MALNUTRITION	6 mo.

540.1
117a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1950, to June 26, 1950, that I last saw the deceased alive on June 26, 1950, and that death occurred at 2:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F. J. LINEHAN, Jr., LTJG, MC, USN U.S. NAVAL HOSPITAL June 27, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 29 1950 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. June 27, 1950 | REGISTRAR'S SIGNATURE Edith WHITTINGTON

24. FUNERAL DIRECTOR ADDRESS W. W. Chambers, 1400 Chapin Street, NW, Washington, D. C.

VS. A15

RECEIVED
JUN 30 1960
BUREAU N.F.

06361

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 day 4 1/2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville
STREET ADDRESS (If rural, give location) Spencerville Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elsie	Mae	Hunt	June	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	1-16-10	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Clifton Forge, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ellis G. Wilcher
14. MOTHER'S MAIDEN NAME: Ellen Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 578-36-9407
17. INFORMANT AND ADDRESS: Patient's chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aneurysm — L. middle cerebral artery	?
	(c) Terminal hypostatic pneumonia	12 hrs.

452x
96

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1950, to 6-27, 1950, that I last saw the deceased alive on 6-27, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE Paul Leonard M.D. (Degree or title) ADDRESS WASHINGTON D.C. DATE SIGNED 6-27-50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 30, 1950	Ft. Lincoln Cemetery	Prince George Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/29/50	John Dodd	Warner E. Pumphrey	Silver Spring, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 3 1950
BUREAU V.S.

06362

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21-f

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7903 Woodbury Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 7903 Woodbury Drive

3. NAME OF DECEASED (Type or Print): (First) IRA (Middle) LORENZO (Last) INGRAM

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 15, 1880

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate salesman

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfonso Ingram

14. MOTHER'S MAIDEN NAME: Alouise Satawaite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: daughter: Mrs. Tony Kagok - 8905 Walden Rd., S.S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151x
Immediate cause (a) Acute Congestive Heart Failure — 1 day

46b
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinoma of Stomach — 1 year
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia — 6 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 19 50, to June 28, 19 50, that I last saw the deceased alive on June 28, 19 50, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE: L. B. Snow M.D. (Degree or title) ADDRESS: Silver Spring, Maryland DATE SIGNED: June 29-1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 1, 1950
NAME OF CEMETERY OR CREMATORY: St. Mary's Catholic Cem.
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 6/30/50
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, Silver Spring, Md.

29681

06363

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4832 Chevy Chase Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase,
STREET ADDRESS (If rural, give location) 4832 Chevy Chase Blvd.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) L. (Last) Kearney

4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11/6/1879

9. AGE last birthday: 70 yrs. If under 1 year: Months 7 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Horatio Aukward

14. MOTHER'S MAIDEN NAME: Julia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: May E. Nader-4832 Chevy Chase Blvd. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary heart disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Several years
	(c) Generalized arteriosclerosis	Several years

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1950, to June 26, 1950, that I last saw the deceased alive on June 26, 1950, and that death occurred at 11:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Joseph P. Kenick MD 7944 Wisconsin Ave, Bethesda, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Buried

DATE THEREOF 6-29-50

NAME OF CEMETERY OR CREMATORY Rock Creek

LOCATION (City, town, or county) (State) Pr. Geo. Md.

DATE REC'D BY LOCAL REG. 6-27-50

REGISTRAR'S SIGNATURE Helen Kennedy

24. FUNERAL DIRECTOR J. H. Ames Co

ADDRESS D.C.

RECEIVED
JUN 29 1950
BUREAU W. M.

06364

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2216 Washington Ave Silver Spring

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 2216 Washington Ave Silver Spring.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WILLIAM (Last) KEFAUVER JR
4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jan 2 1915
9. AGE last birthday: 35 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Special agent
10b. KIND OF BUSINESS OR INDUSTRY: F.B.I.
11. BIRTHPLACE (State or foreign country): Middletown Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George William Kefauver Sr.
14. MOTHER'S MAIDEN NAME: Lena Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): W W II
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: George W. Kefauver Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hodgkins disease — 6½ yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 201 x 44 b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. pleural effusion

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to June 3, 1950, that I last saw the deceased alive on June 3, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jordan V Dolan MD — 3100 Conn ave — June 3, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3 June 1950 — NAME OF CEMETERY OR CREMATORY: Reformed Cemetery — LOCATION (City, town, or county) (State): 6/6/50 Middletown Md

DATE RECD BY LOCAL REG. 6/5/50 — REGISTRAR'S SIGNATURE: Francis Potter — 24. FUNERAL DIRECTOR — ADDRESS: The S.H. Kriven Co.

60497

RECEIVED
JUN 6 1950
BUREAU V. S.

06365

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5611 Montgomery St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 5611 Montgomery St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CLIFFORD ELLSWORTH KETTLER

4. DATE OF DEATH (Month) (Day) (Year) 6 - 9 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 11-15-1880
9. AGE last birthday 69 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Operator
10b. KIND OF BUSINESS OR INDUSTRY Real Estate
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Chas H. Kettler
14. MOTHER'S MAIDEN NAME Mary V. Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Milton Kettler, 1636 Kenyon St. N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
334x	Immediate cause	(a) Apoplexy	15 min
	Antecedent cause(s)		
83a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 yrs.
		(c) Hypertension	12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10, 1938, to 6/9, 1950, that I last saw the deceased alive on 6/9, 1950, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE John Warren Casady (Degree or title) M.D. ADDRESS Wash. & D.C. DATE SIGNED 6/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 6-9-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6-9-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR S.H. Hines Co. 2901-14th St. N.W. ADDRESS 27681 Washington 9, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06366

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 11949 Andrews St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mrs. CLARA	SABASTIAN	KRAUSS	June	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	July 15, 1889	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Washington D. C.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Dyer	Marion Sabastian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mrs Helen Richardson 11949 Andrews St. S.S. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174x **Immediate cause** (a) Carcinoma of uterus — Interval between onset and death: 1 year

Antecedent cause(s)

48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized carcinomatosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1950, to 6/4, 1950, that I last saw the deceased alive on 5/30, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. W. Nealon Jr	M. D.	1746 K. St N.W.	6/4/50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 6, 1950	Glenwood Cemetary	Washington D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/5/50	Frances Potter	The S. N. Hines Co.	2901 14th St N.W. Wash DC

RECEIVED
JUN 6 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

06367

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 15 W. Bradley Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 15 W. Bradley Lane

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) P. (Last) LAMB

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6/7/1901

9. AGE last birthday: 48 yrs. If under 1 year: Months 11 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemical Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Wash. Gas Light Co.

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Lamb

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 196-05-4470

17. INFORMANT: Elizabeth S. Lamb-Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden death.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brockhurst (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 6-6-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/9/50
NAME OF CEMETERY OR CREMATORY: Holy Sepulchre Cemetery
LOCATION (City, town, or county) (State): Philadelphia Pa.

DATE REC'D BY LOCAL REG. 5-7-50
REGISTRAR'S SIGNATURE: Helen Burroughs
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda, Md.

V1498

RECEIVED
JUN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

B6368

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1104 Lancaster Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 1104 Lancaster Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Davis (Last) Lampton

4. DATE OF DEATH: (Month) June (Day) 23, (Year) 1950

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S — 8. DATE OF BIRTH: Oct 5, 1941 — 9. AGE last birthday: 8 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0 — 10b. KIND OF BUSINESS OR INDUSTRY: 0 — 11. BIRTHPLACE (State or foreign country): Washington, D.C. Doctors Hospital — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. H. Lampton — 14. MOTHER'S MAIDEN NAME: Elizabeth Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO.: XXXX — 17. INFORMANT AND ADDRESS: Father Same Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart failure — From birth

351X Antecedent cause(s) (b) Congenital heart disease. — " "

157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Spastic paralysis due to birth injury. — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Retarded development due to above

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Spring, 1945, to June 23, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John H. Andrews M.D. — 9601 Colesville Rd Silver Spring Md. — 6-23-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 25/50 — NAME OF CEMETERY OR CREMATORY: Rockville Union Cemetery — LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG.: 6/24/50 — REGISTRAR'S SIGNATURE: J. Thomas Dodd

24. FUNERAL DIRECTOR — ADDRESS: Robert O. Pumphrey - Bethesda, Md.

RECEIVED
JUN 26 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06369

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH
County Montgomery
City or town Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery
City or town CHEVY CHASE
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4707 River Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Lillian J. LAWRENCE

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FE	Wh.	MARRIED

6.(b) Name of husband or wife William H. LAWRENCE
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 27, 1878

8. AGE: Years	Months	Days	If less than one day
71			hrs. min.

9. Birthplace INDIANAPOLIS, IND.
(Town, county, and state)
10. Usual occupation HOUSEWIFE
11. Industry or business RETIRED

FATHER
12. Name ISAAC DAVIS
13. Birthplace

MOTHER
14. Maiden name IDA BUTTS
15. Birthplace

16. Interment HELEN L. KOSAVEACH
Address 4707 RIVER RD, CHEVY CHASE, MD.
17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 6/29/50 (month) (day) (year)
Cemetery or crematory CEDAR HILL CEMETERY
Location SAITLAND, MARYLAND
18. Funeral director Joseph Daniels Sons
Address 1756 Pa. Ave. N.W. Wash. D.C.
19. 6-27-50 19 (Date rec'd by registrar) Helen Kosaveach Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 19 50 at 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1940 19 to June 26 19 50 and that I last saw h alive on June 26 19 50

	DURATION
Immediate cause of death acute coronary heart failure	2 hrs.
Due to Arteriosclerosis	30 yrs
Due to	
Other conditions Cerebral thrombosis	

332 X (Include pregnancy within 3 months of death)
Major findings of operation
93d Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Egbert B. Rude M.D. M. D. or other
Address 3900 Military Rd. N.W. Date signed 6/27/50

VS A-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 29 1980
BUREAU

06370

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillandale
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,605 New Hampshire Ave

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillandale
STREET ADDRESS (If rural, give location) 10,605 New Hampshire Ave.

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Mae (Last) Likens

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 7, 1882
9. AGE last birthday 67 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Simpkins ~~Likens~~
14. MOTHER'S MAIDEN NAME Teresa Holly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Clarence Likens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443x	Immediate cause	(a) Hypostatic Pneumonia	?
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Failure	5 months
		(c) Hypertensive Heart Disease	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March 4, 1950, to June 24, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE Philip E. Jones, M.D. (Degree or title) (For Dr Wallace Moore) ADDRESS 805 Carroll Ave Takoma Park Md DATE SIGNED 6/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE June 28-1950
NAME OF CEMETERY OR CREMATORY FORT LINCOLN
LOCATION (City, town, or county) PRINC George (State) MD

DATE REC'D BY LOCAL REG. 6/26/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1950
BUREAU Y. S.

06371

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH· COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Pensylvania COUNTY: Berks
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reading
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1516 Live Oak Drive	STREET ADDRESS (If rural, give location): 133 S. 10th Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): VERDILLA S. LOOSE			4. DATE OF DEATH (Month) (Day) (Year): June 23 1950		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Jan, 24, 1877	9. AGE last birthday: 73 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): Pensylvania	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Samuel Houck		14. MOTHER'S MAIDEN NAME: Sarah Rubright			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT AND ADDRESS: Daughter: Mrs. Roger B. West - 1516 Live Oak Dr. S.S. Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443x Immediate cause	(a) Acute Pulmonary Congestion	2 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Cardiac Failure	1½ yrs.
93d	(c) Hypertensive Heart Disease	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/25, 1949, to 6/23, 1950, that I last saw the deceased alive on 6/23, 1950, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Merritt Y. Cross	M.D.	8248 Georgia ave. Silver Spring, Md.	6/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Trans. & Burial	DATE THEREOF: June 23, 1950	NAME OF CEMETERY OR CREMATORY:	LOCATION (City, town, or county) (State): Reading, Berks Co., Pa.
DATE REC'D BY LOCAL REG.: June 26/50	REGISTRAR'S SIGNATURE: Frances Potter	24. FUNERAL DIRECTOR: Warner E. Humphrey	ADDRESS: Silver Spring, Md.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1960
BUREAU T. S.

06372

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 8 mi. 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Arlington
STREET ADDRESS (If rural, give location) 4216-2nd Rd.

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) (Last) Lovasy
4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 22, 1870
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Vienna, Austria
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Martin Jacobsen
14. MOTHER'S MAIDEN NAME Caroline Strakosch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Miss Gertrude Lovasy 4216-2nd Rd North Arlington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gangrene L. lower extremity	2 wks
450.1 Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis Obliterans both lower extremities	6 mo
	(c) Senile Psychosis	3 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to June 1, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 12:35 A.m., from the causes and on the date stated above.

SIGNATURE Andrew G. Prandoni (Degree or title) M.D. ADDRESS 7718 Aberdeen Rd. Bethesda Md DATE SIGNED 6/2/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE 6/3/50 NAME OF CEMETERY OR CREMATORY Washington Cemetery LOCATION (City, town, or county) Prince Georges Co. (State)

DATE REC'D BY LOCAL REG. 6-2-50 REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 3072 M. St. N.W. Washington D.C.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
JUN 8 1960
BUREAU V. S.

06373

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY 804 Richmond Ave; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 804 Richmond Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Russell (Last) Maddox

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Apr 29 1892

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wash Navy Yard

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: James C. Maddox

14. MOTHER'S MAIDEN NAME: Francis Southwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Helen E. Massey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 420.1 93d	(b) Chronic Myocarditis	10 years
	(c) Angina Pectoris	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1949, to June 20, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. H. Howell M.D. ADDRESS 928 Sligo Ave, Silver Spring Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal burial; DATE THEREOF 6/23/50; NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery; LOCATION (City, town, or county) Washington, D. C. (State)

DATE REC'D BY LOCAL REG. 6/21/50; REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR S. H. Hines, Co. - ADDRESS Washington, D. C.

XVK97

RECEIVED
JUN 22 1960
BUREAU V. S.

06374

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rockville
LENGTH OF STAY (In this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Own Home - Rt. 240 Rockville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Rockville
STREET ADDRESS (If rural, give location) Westmore

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (NMI) (Last) MARASHLIAN

4. DATE OF DEATH: (Month) June (Day) 20, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 20, 1894

9. AGE last birthday: 56 yrs.
If under 1 year: Months 1 Days 0
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Resturant Owner

10b. KIND OF BUSINESS OR INDUSTRY: Resturant

11. BIRTHPLACE (State or foreign country): Armenia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Marashlian

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Agnes Marashlian- Rockville, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 10 min.

420.1
94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James J. Broschart M.D. Gaithersburg md 6-20-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 22, 1950
NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery
LOCATION (City, town, or county) (State): Gaithersburg, Maryland

DATE REC'D BY LOCAL REG. 6/21/50
REGISTRAR'S SIGNATURE: Peggy U. Veirs
24. FUNERAL DIRECTOR: Robert E. Pumphrey
ADDRESS: Bethesda, Md.

15671

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1950
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06375

CERTIFICATE OF DEATH

214

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9901 Old Bladensburg Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9901 Old Bladensburg Road

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ASHTON (Last) McALLISTER

4. DATE OF DEATH: (Month) JUNE (Day) 8 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 5, 1877

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Forest Hill, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William C. Hanway

14. MOTHER'S MAIDEN NAME: Armanda E. Ashton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Mary S. M. Olcott- 9901 Old Bladensburg Rd., S. S.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis & infarction — ½ hr.

420.1 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary artery sclerosis.

(c) Hypertensive cardiovascular disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19.50, to June 8, 19.50 that I last saw the deceased alive on June 8, 19.50, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE: Ernest E Harmon M.D. (Degree or title) — ADDRESS: Woodmoor Bldg, Silver Spg, Md. — DATE SIGNED: 6/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/12/50 — NAME OF CEMETERY OR CREMATORY: Rock Spring Christ Church — LOCATION (City, town, or county) (State): Harford Cty. Md.

DATE REC'D BY LOCAL REG. June 12/50 — REGISTRAR'S SIGNATURE: Francis Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: Silver Spring, Md.

RECEIVED
JUN 15 1950
BUREAU V. R.

Evidence for addition in 18 shown on:

06376

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 126 JUN 20 1950

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Illinois COUNTY Cook; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicago; STREET ADDRESS (If rural, give location) 1248 East 79th Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	(none)	MC CALDEN	June	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	Feb. 16, 1930	20 yrs.	03	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Marine	Armed Forces	Illinois	US

13. FATHER'S NAME: Samuel MC CALDEN

14. MOTHER'S MAIDEN NAME: Stella KLUGA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) ------

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mother: Stella MC CALDEN.

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory failure	
193X 54a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tumor, Brain: Primary Intracranial neoplasm,	
	(c) left parietal, probably glioblastoma multiforme.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (6-19-50 - ams)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 2, 1950 to June 6, 1950, that I last saw the deceased alive on June 6, 1950, and that death occurred at 11:02 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. C. MC NERNEY, CDR, MC, USN		U.S. NAVAL HOSPITAL	7 June 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 9, 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7 June 1950	Elizabeth WILLETT	Wastler Funeral Home, 301 East Capitol Street, Washington, D. C.

60896 S. B. B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1950
BUREAU V. E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06377

CERTIFICATE OF DEATH

Reg. Dist. No. 21-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Glen, Md. | LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Manor Rest Home 2515-Holman Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4006 Illinois Ave., NW.

3. NAME OF DECEASED (Type or Print): (First) Esther (Middle) M (Last) McDevitt

4. DATE OF DEATH: (Month) 6/10/50 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/23/1873

9. AGE last birthday: 77 yrs. | If under 1 year: Months 1 | Days 17 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-Claims Division

10b. KIND OF BUSINESS OR INDUSTRY: Vets. Adm. U.S. Govt

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James H. McDevitt

14. MOTHER'S MAIDEN NAME: Nellie Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Disease — 10 years

Antecedent cause(s)

422.1

186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, Intertrochanteric, Right Femur — 1 month

19a. DATE OF OPERATION: 5-11-50

19b. MAJOR FINDINGS OF OPERATION: Fixation of intertrochanteric fracture, Rt. Femur, w. S.P. nail + Thornton plate

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): home — (CITY OR TOWN): Washington — (COUNTY) — (STATE): DC.

TIME OF INJURY (Month) (Day) (Year) (Hour): May 7, 1950 11 a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? fell out of bed.

22. I hereby certify that I attended the deceased from May 7, 1950, to June 10, 1950, that I last saw the deceased alive on June 9, 1950, and that death occurred at 8:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

M. van Kinsbergen, M.D. — 29 Grant Cir., N.W., Washington 11, D.C. — 6/10/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/14/50 — NAME OF CEMETERY OR CREMATORY: Pomfret Manor — LOCATION (City, town, or county) (State): Sunbury, Pa.

DATE REC'D BY LOCAL REG. 6/12/50 — REGISTRAR'S SIGNATURE: Frances Cather

24. FUNERAL DIRECTOR — ADDRESS: S.H. Hines Co, 2901-14th St. N.W. Washington, D.C.

266-77

VS. A15

RECEIVED
JUN 15 1950
BUREAU V. S.

06378

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Own Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4212 East West Highway

3. NAME OF DECEASED (Type or Print) (First) GRADY (Middle) CAMERON (Last) MCGLASSON
4. DATE OF DEATH (Month) June (Day) 29, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 8, 1900
9. AGE last birthday 49 yrs. If under 1 year Months 10 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer-Geodetic-survey
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't.
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas McGlasson
14. MOTHER'S MAIDEN NAME Nellie Corn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 1&11
16. SOCIAL SECURITY NO. None
17. INFORMANT 4212 East West Highway Ruth B. McGlasson-wife -Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/5/50
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 7-1-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

356 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 3 1950
BUREAU R. I.

06379

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) one month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Albany Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) McComas Ave.

3. NAME OF DECEASED (Type or Print) (First) Auguste (Middle) Rodgers (Last) Meyer

4. DATE OF DEATH (Month) 6 (Day) 23 (Year) 1950

5. SEX Fe
6. COLOR OR RACE wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-23-78
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Latvia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Fritz Rullis
14. MOTHER'S MAIDEN NAME Anna Sakis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wash. San. & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

194X Immediate cause (a) Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: one month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Carcinomatosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to June 23, 1950, that I last saw the deceased alive on June 22, 1950, and that death occurred at 12:06 P.m., from the causes and on the date stated above.

SIGNATURE Robert A Hare MD (Degree or title) ADDRESS Takoma Park, Md. DATE SIGNED 6/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF June 25, 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. 6/24/50
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

RECEIVED
JUN 26 1950
BUREAU V. S.

AUG 1 - 1950

VS: 76(45)

FEDERAL SECURITY AGENCY
Public Health Service
National Office of Vital Statistics

Form Approved
Budget Bureau No. 68-R275

July 28, 1950

SECOND REQUEST

Dear Dr. Hare:

In order to classify intelligently causes of death it is essential that we have the most specific information obtainable. We therefore request that you supply this bureau with the following additional information regarding the

cause of death of Auguste Rodgers Meyer

Who died at Takoma Park, Montg. Co. , on June 23, 1950.

The cause of death is given as follows:

18. MEDICAL CERTIFICATION			Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause	(a)	Congestive Cardiac Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Generalized Carcinomatosis	
	(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

Is possible, kindly state the primary site of the carcinoma.

The primary site of the carcinoma is unknown. It is possibly in the thyroid. (We will forward you this information as soon as we receive the autopsy report.)

Signature of informant William H. Hyatt
William H. Hyatt, Medical Record Librarian

The information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed envelope which requires no postage.

Very truly yours,

R. W. Roderick
Special Agent, Public Health Service
State Department of Health
Baltimore 18, Maryland

06380

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillandale Sil Sprg
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1766 Overlook Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillandale Silver Spring
STREET ADDRESS (If rural, give location) 1755 Overlook Drive

3. NAME OF DECEASED (Type or Print) (First) RANSOM (Middle) Creed (Last) MILES

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Mar 26, 1883
9. AGE last birthday 67 yrs. If under 1 year Months 2 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Official Bureau Public Works
10b. KIND OF BUSINESS OR INDUSTRY US Govt't
11. BIRTHPLACE (State or foreign country) Roseville Calif
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Nathan C Miles
14. MOTHER'S MAIDEN NAME Georgia M. Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Charlotte A Merithew Oakland Calif Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH about 2 yrs

4343

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Bronchial asthma, Chr nephritis — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

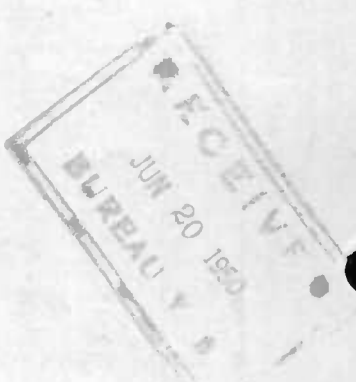
22. I hereby certify that I attended the deceased from March, 1949, to June, 1950 that I last saw the deceased alive on 13 June, 1950, and that death occurred at 2 14 m., from the causes and on the date stated above.

SIGNATURE William D. Aud, M.D. (Degree or title) ADDRESS Silver Spring, Md DATE SIGNED 15 June '50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 6/19/50
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland P g Maryland

DATE REC'D BY LOCAL REG. 6/15/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Martin W Hyrong Co ADDRESS 1300 N St N W

15697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JUN 20 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

06381

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STATE: MARYLAND
LENGTH OF STAY (in this place): 22 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural, give location): mail Annie Orchard

3. NAME OF DECEASED (Type or Print): (First) HILTON (Middle) GENE (Last) Mills Twin #2

4. DATE OF DEATH: (Month) JUNE (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: JUNE 6, 1950

9. AGE last birthday: 0 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 22 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NORMAN MILLS

14. MOTHER'S MAIDEN NAME: HAZEL G. HOWARD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: HAZEL HOWARD MILLS Gaithersburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypoxia — Interval Between Onset and Death: 30 min. 22 hours

762.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

160c (b) Atelectasis — 30 min 22 hours

(c) ASPIRATION OF Amniotic fluid

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At wnrk ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1950, to June 7, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE: John S. Fawcett (Degree or title) M.D. ADDRESS: Boyd Md DATE SIGNED: June 8

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: June 8, 50 | NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery | LOCATION (City, town, or county): Gaithersburg (State): Md

DATE REC'D BY LOCAL REG.: 6/8/50 | REGISTRAR'S SIGNATURE: Helen Turnack

24. FUNERAL DIRECTOR: Roberts Funeral Home ADDRESS: Bethesda Md.

2-1-6-06-0-32-4-32-4

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JUN 26 1950
BUREAU

.06382

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 4 mo 4 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dist. of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3534 New Hampshire Ave., NW

3. NAME OF DECEASED (Type or Print): (First) Elder (Middle) Young (Last) MITCHELL

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 4, 1889

9. AGE last birthday: 61 yrs. — If under 1 year: Months 01, Days 06 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Skilled Helper

10b. KIND OF BUSINESS OR INDUSTRY: Bur. of Engraving

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel MITCHELL

14. MOTHER'S MAIDEN NAME: Ema JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Maude MITCHELL

18. MEDICAL CERTIFICATION: Same as Item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154x Immediate cause (a) metastatic Ca. of colon

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Rectum

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED Whilo at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1950, to June 10, 1950 that I last saw the deceased alive on June 10, 1950, and that death occurred at 9:40 A m., from the causes and on the date stated above.

SIGNATURE: P. J. Mc Namara — (Degree or title): P. J. MC NAMARA, CDR, MC, USN — ADDRESS: U. S. NAVAL HOSPITAL — DATE SIGNED: June 12, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF:

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 12 June 1950

REGISTRAR'S SIGNATURE: Elizabeth WILLETT

24. FUNERAL DIRECTOR AND ADDRESS: W. E. Jarvis, 1432 U Street, NW, Washington, D. C. JWH

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RECEIVED
JUN 13 1950
BUREAU V. S.

06383

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (Rural); LENGTH OF STAY (In this place) 3mos2das; HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 3518 26th St., NE

3. NAME OF DECEASED (Type or Print): (First) John Edward (Middle) MOODY (Last)

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar 131879

9. AGE last birthday: 71 yrs. If under 1 year: Months 02 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash., DC

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William MOODY

14. MOTHER'S MAIDEN NAME: Elizabeth MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) SpAmer

16. SOCIAL SECURITY NO. -----

17. INFORMANT AND ADDRESS: Daughter: Mabel DiGUISEPPE

18. MEDICAL CERTIFICATION: Same as # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Epidermoid Carcinoma, left lung c extensive pulmonary abscess. — Interval between onset and death: 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 162x 47d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 2, 1950 to June 4, 1950 that I last saw the deceased alive on June 4, 1950 and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE: E. J. Rupnik
E. J. RUPNIK, LTJG MC USN (Degree or title) — U.S. Naval Hospital Bethesda, Md. (ADDRESS) — 6-4-50 (DATE SIGNED)

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6 June 1950

NAME OF CEMETERY OR CREMATORY: Fort Lincoln

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 7 June 1950

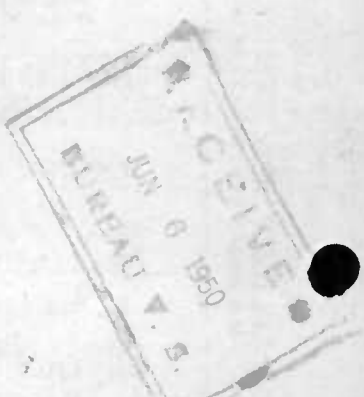
REGISTRAR'S SIGNATURE: Elizabeth WILLETT

24. FUNERAL DIRECTOR: W.W. CHAMBERS

ADDRESS: 1400 Chapin St., NW Washington, DC

202

45494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JUN 6 1950
BUREAU U. S.

06384

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): 22 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 3137 South Glebe Road

3. NAME OF DECEASED (Type or Print): (First) Archillias (Middle) George (Last) MORRIS

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 22, 1897

9. AGE last birthday: 53 yrs. — If under 1 year: Months 05 Days 08 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer - Evening newspaper

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel MORRIS

14. MOTHER'S MAIDEN NAME: Jeanet HOPKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT: Wife: Mattie MORRIS

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Immediate
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) arteriosclerotic Heart Dis.	1 yr.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1950, to June 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 2:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. T. JONES, JR., LTJG, MC, USN

ADDRESS: U. S. NAVAL HOSPITAL

DATE SIGNED: June 29, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 3, 1950

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: June 29, 1950

REGISTRAR'S SIGNATURE: Edith Whittington

Edith WHITTINGTON

24. FUNERAL DIRECTOR: W. W. Chambers, 3072 M Street, NW, Washington, D.C.

ADDRESS

O.K. 27814

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06385

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 611 Carroll Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 611 Carroll Avenue

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) (Last) Morris
4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 4, 1857
9. AGE last birthday: 93 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Morris Run Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Dunsmore
14. MOTHER'S MAIDEN NAME: Janet Baird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Mrs. Janet B. Sunderland. 611 Carroll Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Acute myocardial decompensation	1 hour
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	25 yrs
	(c) Generalized arteriosclerosis	25 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

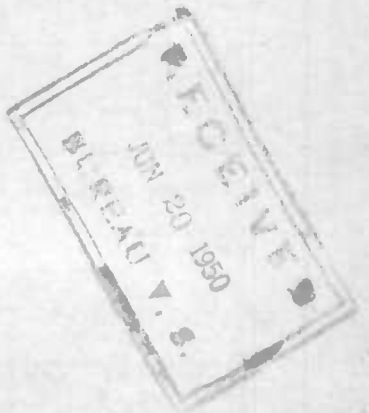
22. I hereby certify that I attended the deceased from 12-4, 1947, to June 13, 1950, that I last saw the deceased alive on June 13, 1950, and that death occurred at 5:52 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Walter K. Mook M.D. | 805 Carroll Ave. Takoma Park Md. | 6-13-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: JUNE 15, 1950 | NAME OF CEMETERY OR CREMATORY: ODD FELLOWS CEMETERY | LOCATION (City, town, or county) (State): BLOSSBURG, TIOGA Co., PENNA.

DATE REC'D BY LOCAL REG. 6/13/50 | REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR | ADDRESS: J. ARTHUR WALTERS, 25 CARROLL ST. N.W. — TAKOMA PARK, D.C.


RECEIVED
JUN 20 1950
BUREAU U. S.

Evidence for change of age shown on:

06386

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 126 JUN 20 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 5-18-50; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 6-10-50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville Maryland; STREET ADDRESS (If rural, give location) 224 Washington St.

3. NAME OF DECEASED (Type or Print): (First) David (Middle) (Last) Onley

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 29. 1892

9. AGE last birthday: 57 ~~58~~ yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Sanitary Com.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry T. Onley

14. MOTHER'S MAIDEN NAME: Mary Fesher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: wife - Mrs Hattie Onley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 x

Immediate cause (a) Carcinoma of rectum with

46d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized metastasis +

(c) Intestinal Obstruction

Interval Between Onset and Death:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION: 5-20-50

19b. MAJOR FINDINGS OF OPERATION: Carcinoma rectum & gen. metastases

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18, 1950, to 6-10, 1950, that I last saw the deceased alive on 6-10, 1950, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. P. Baker M.D. ADDRESS Suburban Hosp. Bethesda Md DATE SIGNED 10 June 50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 6-13-1950; NAME OF CEMETERY OR CREMATORY Barnesville; LOCATION (City, town, or county) Barnesville, Md (State)

DATE REC'D BY LOCAL REG. 6-13-50; REGISTRAR'S SIGNATURE Helen Kurvach; 24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

34879

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JUN 15 1950
BUREAU V. S.

06387

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 mo 14 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Ann Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nutwell
STREET ADDRESS (If rural, give location) - - - - -

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (none) (Last) PEAL
4. DATE OF DEATH (Month) June (Day) 1 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar 15, 1889
9. AGE last birthday 61 yrs. If under 1 year Months 02 Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Frank PEAL
14. MOTHER'S MAIDEN NAME Alice GREEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Sister: Ella NEAL, 1432 Riggs Ave., Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, Stomach

(c)

151x
46b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 17, 1950, to June 1, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 9:55 P m., from the causes and on the date stated above.

SIGNATURE R. O. Peckinpaugh (Degree or title) ADDRESS DATE SIGNED
R. O. PECKINPAUGH, LTJG, MC, USN U. S. NAVAL HOSPITAL June 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF
NAME OF CEMETERY OR CREMATORY National Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. June 1950
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR W. E. Jarvis, 1432 U Street, NW, Washington, D.C. ADDRESS

M

I

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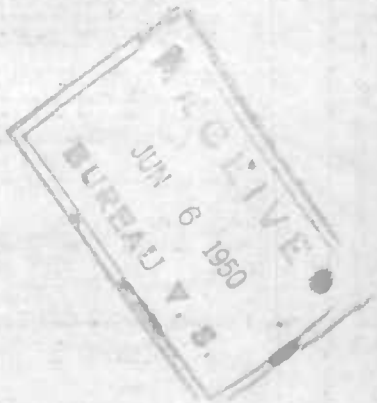
VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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JUN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06388

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OLNEY
LENGTH OF STAY (in this place): 23 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Derwood
STREET ADDRESS (If rural, give location): R # 1

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Phelps

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 17 1950

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 23 / Min. 42

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Edward Phelps

14. MOTHER'S MAIDEN NAME: Lois Trail

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Erythroblastosis fetalis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

770.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

761c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1950, to June 18, 1950, that I last saw the deceased alive on June 18, 1950, and that death occurred at 10 a. m., from the causes and on the date stated above.

SIGNATURE: A. D. Bonifant — (Degree or title) M.D. — ADDRESS: Sandy Spring, Md. — DATE SIGNED: June 18, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 20, 1950 — NAME OF CEMETERY OR CREMATORY: Mt Carmell Md — LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG.: 6-20-50 — REGISTRAR'S SIGNATURE: Gertrude B Lawler — 24. FUNERAL DIRECTOR: Roy W. Barber — ADDRESS: Lytonsville Md

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RECEIVED
JUN 23 1950
BUREAU V. S.

06389

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 days

Hospital, institution, or street address where death occurred:
Oakhaven Convalescent Home - 120 Albany Ave

How long in hospital or institution? 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State District of Columbia County

City or town City of Wasington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2600 Woodley Place,
Wardman Park Hotel (LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Helen B Pillans

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

8.(b) Name of husband or wife Unknown

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July - 21 - 1868

8. AGE: Years 81 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Scotland (Town, county, and state)

10. Usual occupation Retired

11. Industry or business —

FATHER
12. Name ? Weir
13. Birthplace Scotland

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Mrs. A. H. Coster
Address Hendersonville, N.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/26/50 (month) (day) (year)

Cemetery or crematory Ellenwood Cemetery

Location Washington, D.C.

18. Funeral director S. H. Kines Co

Address Washington, D.C.

19. 6/24 1950 (Date rec'd by registrar) J. Wilson Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th, 1950 19..... at 6 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 7th --- 1948, to June 24th, 1950 and that I last saw her alive on June 15th, 1950

Immediate cause of death	DURATION
Senility	one year
Due to Hypertensive cardio-vascular reneal disease	chronic
Due to	
Other conditions 442X (include pregnancy within 3 months of death)	

Major findings of operations none 131a

Date of op.

Autopsy results none made

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank L. Williman

Address FRANK L. WILLIMAN, M. D.
2731 CONNECTICUT AVE.
WASHINGTON 8, D. C.

XVX99

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 29 1950
BUREAU OF

06390

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Pa. 5700

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 days

Hospital, institution, or street address where death occurred: Bene View Rest Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6218 Georgia Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Platz, Mary

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1867

8. AGE: Years: 83 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: D.C. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business:

MOTHER FATHER

12. Name: Unk. Platz

13. Birthplace:

14. Maiden name: Unk.

15. Birthplace:

16. Informant: Samuel L. Platz Brother

Address: 6218 Georgia Ave.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 6-9-50 (month) (day) (year)

Cemetery or crematory: Glenwood Cemetery

Location:

18. Funeral director: W. R. Huntemann

Address: 5732 Georgia Ave. N.W. Wash. D.C.

19. 6-9-50 (Date rec'd by registrar) 19 Helen Hussey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 1950, at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1950 to June 9 1950 and that I last saw her alive on June 6 1950

	DURATION
Immediate cause of death: Respiratory Failure	
Due to: Cerebral Embolus	3 days
Due to: Fracture of left femur (Indirect Cause of death)	2 mos.
Other conditions: Fracture of right hip	6 years

332 x 1952

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 6/5/50

Where did injury occur? Washington (City or town) D.C. (County) (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Sat down hard on toilet Injured at work?

23. SIGNATURE: Frank J. Jaggers Jr. M.D.

M.D. or other

Address: 5707 Wis. Cond. Ave. Date signed: 6/9/50

RECEIVED
JUN 13 1950
BUREAU U. S.

06391

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg, Co, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 10yr9Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) Agnes (Last) Powell
4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 50

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH April 16/1873
9. AGE last birthday 77 yrs. If under 1 year Months 1 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY ""
11. BIRTHPLACE (State or foreign country) Brooklyn Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Thaddius G. Wallar
14. MOTHER'S MAIDEN NAME Louisa Hinkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Methodist Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute Cardiac Hypertrophy	20 hrs
443X Antecedent cause(s)	acute indigestion with vomiting	20 hrs
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) high arterial tension, cardiac hypertrophy	10 years
	(c) diabetes mellitus	10-15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1942, to June-14, 1950, that I last saw the deceased alive on June-13, 1950, and that death occurred at 1 am m., from the causes and on the date stated above.

SIGNATURE William C. Miller (Degree or title) M.D. ADDRESS 7 Brooks ave., Gaithersburg, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/16/50
NAME OF CEMETERY OR CREMATORY LoudenPark Cemetery
LOCATION (City, town, or county) Baltimore. Md, (State)

DATE REC'D BY LOCAL REG. June 14, 1950
REGISTRAR'S SIGNATURE Almeda G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner, ADDRESS Gaithersburg. Md,

M

260X

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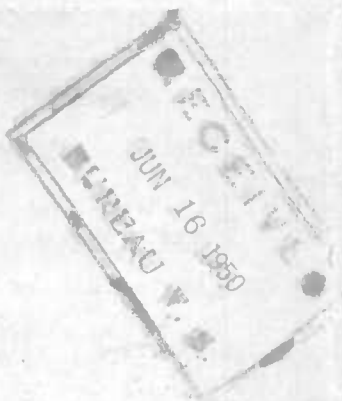
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dist. of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1421 Simms Drive, S.E. ✓

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Ellsworth (Last) QUEEN

4. DATE OF DEATH: (Month) June (Day) 30, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 9, 1919

9. AGE last birthday: 30 yrs. — If under 1 year: Months 10, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer

10b. KIND OF BUSINESS OR INDUSTRY: Bu. Engraving

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Walter E. QUEEN

14. MOTHER'S MAIDEN NAME: Martha E. FOOSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT: Wife: Ellen QUEEN.

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Nephrosclerosis arteriolar	3 mo
445x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13/a	(b) Hypertension Malignant	8 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1950, to June 30, 1950, that I last saw the deceased alive on June 30, 1950, and that death occurred at 11:50 P m., from the causes and on the date stated above.

SIGNATURE: J. P. Jones Jr.
(Degree or title): J. P. JONES, Jr., LTJG, MC, USN
ADDRESS: U. S. NAVAL HOSPITAL
DATE SIGNED: July 1, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 6, 1950
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 1, 1950
REGISTRAR'S SIGNATURE: Edith WHITTINGTON
24. FUNERAL DIRECTOR: W. E. Jarvis, 1432 U Street, NW, Washington, D. C.
ADDRESS:

W. E. Jarvis Co

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06393

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 15 in House
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4601 Burlington Road

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Elizabeth (Last) Riedel

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-18-79

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mc Kean Co. Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert H. Duck

14. MOTHER'S MAIDEN NAME: Mary Ann Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / **(If year, give war or dates of service)**

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Washington Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gastric Ulceration & Hemorrhage	terminal
446 X Antecedent cause(s)	(b) Nephrosclerosis	years.
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Passive Congestion

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **INJURY OCCURRED** While at Work ☐ Not While At work ☐ | **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from June 1, 1950, to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 11:10 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert A. Hare	M.D.	Takoma Park Md.	6/2/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/6/50	Home Cemetery	Dallastown	Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/4/50	Amanda Downes	E. Gaddis Sons	Hyattsville Md
6/6/50	J. Milton Noll		

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BUREAU V. R.

06394

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — MONTGOMERY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 933 Gray Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	William	Riggs	6	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Caus.	Married	2-20-89	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real estate

10b. KIND OF BUSINESS OR INDUSTRY: Retired real estate

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: George W. Riggs

14. MOTHER'S MAIDEN NAME: Margaret Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W W I

16. SOCIAL SECURITY NO.: 218 - 20 - 1473

17. INFORMANT AND ADDRESS (same): daughter: Margaret J. Riggs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral vascular accident	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertensive Cardiovascular Disease	
(c)	Generalized arteriosclerosis	

443x 93d

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 15, 1950, to June 11, 1950, that I last saw the deceased alive on June 11, 1950, and that death occurred at 10 P.M. m., from the causes and on the date stated above.

SIGNATURE: Ernest E. Hannon (Degree or title) M.D. ADDRESS Woodmont Bldg Silver Spring DATE SIGNED 6/11/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 14, 1950	St. Mary's Catholic Cem.	Rockville, Montgomery, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6/13/50	J. Wilson Dodd	Warner E. Pumphrey, Silver Spring, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

06395

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring R2 — LENGTH OF STAY (in this place): 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Good Hope Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver (rural)
STREET ADDRESS (If rural, give location): Good Hope Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Solomon		Rogers	June	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Single	Oct. 13, 1934	15 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School		Washington, D. C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Solomon Rogers	Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	Miss Susan Bunn District of Columbia Child Welfare Board

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
929.4	Immediate cause	(a) Asphyxia by drowning	sudden death
183	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
6	10	50	3:40 P m.			drowning while bathing in Pool

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broxhurst M.D.		Gaithersburg Md	6-10-50

23. (BURIAL) CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-10-50	Burtonsville Union Cemetery	Burtonsville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/12/50	Frances Potter	W. E. Humphrey	Silver Spring Md

VS. A15A

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JUN 15 1950
BUREAU V. S.

06396

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10620 Dunmoor Drive	STREET ADDRESS (If rural, give location) 10620 Dunmoor Drive

3. NAME OF DECEASED (Type or Print)	(First) THERESA	(Middle) L.	(Last) RUCKER	4. DATE OF DEATH	(Month) June	(Day) 21	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH April 18, 1878	9. AGE last birthday 72 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Lynchburg, Virginia	12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME Michael Lawless	14. MOTHER'S MAIDEN NAME Mary Cahill						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS (Daughter) Mrs. Jos. H. Downs - same address					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 days
420 s Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Heart disease	10 yrs
93 d	(c) Cardiac Decompensation	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 13, 1946, to June 20, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at 6:25 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis K Richardson	M.D.	7717 Alaska Ave N.W. Wash. 12 DC	6/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 23, 1950	NAME OF CEMETERY OR CREMATORY St. Mary's Catholic Cem.	LOCATION (City, town, or county) (State) Rockville, Montgomery, Md.
DATE REC'D BY LOCAL REG. June 23/50	REGISTRAR'S SIGNATURE Frances Potter	24. FUNERAL DIRECTOR Warner E. Pumphrey,	ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH
COUNTY: Olney, Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mont. County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural, give location): Box 242, R#1 ✓

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Herbert (Last) Scaggs

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb. 21, 1890

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired House Painter

10b. KIND OF BUSINESS OR INDUSTRY: House Painter

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Albert Scaggs

14. MOTHER'S MAIDEN NAME: Martha Louise Leishear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If yes, give war or dates of service) Army

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Harvey Scaggs, Scaggsville, Howard Co., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	12 hours
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830	(b) Essential hypertension	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to June 15, 1950, that I last saw the deceased alive on June 15, 1950, and that death occurred at 5:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Charles S. Winbaker M.D. — Clarksville, Md. — June 16, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF June 19, 1950 — NAME OF CEMETERY OR CREMATORY Emmanuel Cemetery — LOCATION (City, town, or county) (State) Scaggsville, Howard Co. Md.

DATE REC'D BY LOCAL REG. 6-17-50 — REGISTRAR'S SIGNATURE Gertrude B. Lauden — 24. FUNERAL DIRECTOR Herbert Donaldson — ADDRESS Laurel, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marittsville - Marriottsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Bennett (Last) Scott
4. DATE OF DEATH (Month) June (Day) 18 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 15 '31
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY University of Md
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John T. Scott
14. MOTHER'S MAIDEN NAME Ruth Bennett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT John T. Scott, Marriottville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825.5 Immediate cause (a) Cerebral laceration — 1 hr + 15 min

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway (CITY OR TOWN) White Oak (COUNTY) Silver Spring, Monty (STATE) md
TIME OF INJURY (Month) June (Day) 18 (Year) 50 (Hour) 3 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF June 18, 1950
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Sykesville, Md (State)
DATE REC'D BY LOCAL REG. 6/19/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR C. H. Weer, Sykesville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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06393

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 1 yr 50da; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 2520 14th Street, NW ✓

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) James (Last) SHEA

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 14, 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months 00 Days 04 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not known

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Lura A. SHEA

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 Immediate cause (a) Cirrhosis, Liver

124 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 27, 1949, to June 18, 1950, that I last saw the deceased alive on June 18, 1950, and that death occurred at 5:35 A m., from the causes and on the date stated above.

SIGNATURE: R. O. Peckinpaugh (Degree or title) ADDRESS: R. O. PECKINPAUGH, LTJG, MC, USN U.S. NAVAL HOSPITAL DATE SIGNED: 19 June 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 22, 1950

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: June 19, 1950

REGISTRAR'S SIGNATURE: Edith Whittington Edith WHITTINGTON

24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers, 1400 Chapin Street, Washington, D.C.

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JUN 20 1950
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06400

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

(C) The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

(I)

(T)

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Skinner

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 6-5-50

9. AGE last birthday yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James A. Skinner

14. MOTHER'S MAIDEN NAME: Helen Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Anoxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Immaturity (26 wks gestation) 761.5

(c) Premature rupture membranes 760.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:20 A.M., from the causes and on the date stated above.

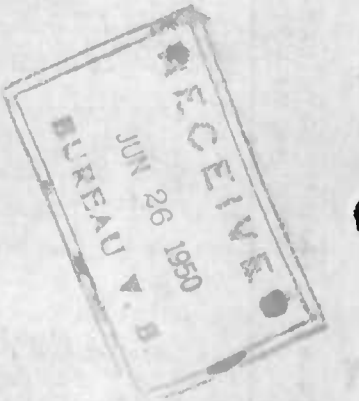
SIGNATURE (Degree or title) Charles R. Hughes, M.D. — ADDRESS Silver Spring, Md. — DATE SIGNED 6 June 50.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7 June 50 — NAME OF CEMETERY OR CREMATORY Mt Olivet — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 6-6-50 — REGISTRAR'S SIGNATURE Helen [redacted] Kincaid Jr

24. FUNERAL DIRECTOR AND ADDRESS Wagner & Dunphney Inc.

2-0-6-05-0-23-1-22-0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JUN 26 1950
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

06401

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
Street: 2921 Wheaton Rd. COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington, Maryland
(If rural, give location)
State: Maryland.

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Lewis (Last) Smith.

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: March 12, 1866

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): America - (Virginia.)

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James M. Gardner

14. MOTHER'S MAIDEN NAME: Margaret Herring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: 2921 Wheaton Rd. Mrs. P. E. Bellamy, Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastric hemorrhage due to erosion of sclerotic artery — Interval Between Onset and Death: 8 days

450.0 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

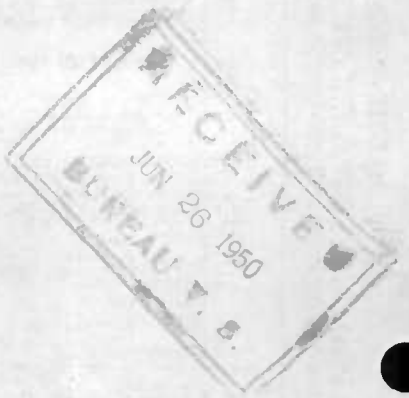
22. I hereby certify that I attended the deceased from Oct. 6, 1947, to June 24 1950, that I last saw the deceased alive on June 23, 1950, and that death occurred at 9:50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Katharine A. Chapman, M.D.
ADDRESS: 2921 East Baltimore St. Kensington, Md.
DATE SIGNED: June 24, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Trans. & Burial
DATE: June 25, 1950
NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
LOCATION (City, town, or county) (State): Richmond, Henrico Co., Va.

DATE REC'D BY LOCAL REG.: 6/24/50
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Warmenc E. Pumphrey
ADDRESS: Silver Spring, Md.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BUREAU U. S.

06402

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215 ~~217~~

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 3 mo 8 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 107 Wootten Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hiram	Judson	SNEAD	June	26	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 10, 1881	69 yrs.	01	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction Foreman	Building	Georgia	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis M. SNEAD	Dorothy Ann WADE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
YES	SpAmer	- - - -	Wife: Helen M. SNEAD

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho Pneumonia	7 days
162 X 47c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchiogenic Carcinoma	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar 18, 1950, to June 26, 1950, that I last saw the deceased alive on June 26, 1950, and that death occurred at 3:05 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. M. HANNER, CDR, MC, USN		U.S. NAVAL HOSPITAL	June 26, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 29, 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 26, 1950	Edith WHITTINGTON	W. W. Chambers	3072 M Street, NW, Washington, D.C.

3164 W W Chambers

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JUN 27 1950
BUREAU T. R.

06403

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: University Park
STREET ADDRESS (If rural, give location): 4319 Woodberry Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Katherine	Gunby	SNYDER	June	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	Dec 14,1899	50 yrs.	05	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Somers GUNBY
14. MOTHER'S MAIDEN NAME: Elizabeth PURDUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT AND ADDRESS: Husband: Joseph M. SNYDER.

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Renal Failure	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease	Unknown
	(c)	

416 x 95 b

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 9, 1950, to June 13, 1950, that I last saw the deceased alive on June 13, 1950, and that death occurred at 9:05 A m., from the causes and on the date stated above.

SIGNATURE: E. M. SPAULDING — (Degree or title): CDR, MC, USN — ADDRESS: U. S. NAVAL HOSPITAL — DATE SIGNED: 13 June 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transit-Burial		Parsons Cemetery	Salisbury, Maryland

DATE REC'D BY LOCAL REG.: 13 June 1950 — REGISTRAR'S SIGNATURE: Elizabeth WILLETT — By C.E.W.

24. FUNERAL DIRECTOR — ADDRESS: Warner E. PUMPHREY, 8434 Georgia Avenue, Silver Spring, Maryland.

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JUN 14 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

016404

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montg. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Manor, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Manor Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1439 Locust Road N. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John		Steadman	6	12	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white		6/23/63	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Freight Agent	Railroad	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marshall Steadman	Amy Tarnar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Rest Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory failure due to	2-4 hrs
450.0 Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic Pneumonia	9
	(c) Generalized Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac failure & senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 25, 19 49, to June 13, 19 50, that I last saw the deceased alive on June 11, 19 50, and that death occurred at 3:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Philip E. Jones M.D	901 Ellsworth Drive	Silver Spring Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/15/50	The S H Hines Co	2901-14th St NW

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/13/50	Frances Potter	Union Cemetery	Leesburg Virginia

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JUN 15 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

66405

Reg. Dist. No. 215

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 4 mo 21 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 2231 Bancroft Place, NW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	Allen	STUART	June	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 16, 1882	67 yrs.	11	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Navy Line Officer	US Navy	Virginia	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James STUART	Anne MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES SpAm. WW I	---	Wife: Marie B. STUART

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	14 da
181 X 528 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bi-lateral pyonephrosis	3 mo +-
	(c) Cancerous Ureters, Bladder & Prostate	2 yr +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

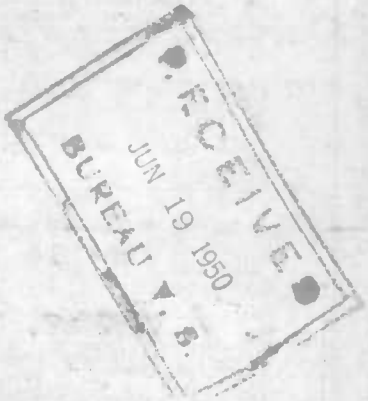
22. I hereby certify that I attended the deceased from Jan 23, 1950, to June 14, 1950, that I last saw the deceased alive on June 14, 1950, and that death occurred at 7:05 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. J. COKELY, CAPT, MC, USN		U. S. NAVAL HOSPITAL	6/15/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 16, 1950	Naval Academy Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/15/50	Elizabeth WILLETT	Wastler Funeral Home	301 East Capitol Street, Washington, D.C.

11296


RECEIVED
JUN 19 1950
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06406

Reg. Dist. No. 216-215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (Rural); LENGTH OF STAY (in this place): 29 das.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 1900 F. Street, NW

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Joseph (Last) SUWALL

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 31 July 1892

9. AGE last birthday: 57 yrs.

If under 1 year: Months 11; Days 3; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Optician (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Felix Suwall

14. MOTHER'S MAIDEN NAME: Johanna Kroeger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes; (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: ---------

17. INFORMANT AND ADDRESS: Wife: Kitty B. Suwall (Same as # 2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate with metastasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to bladder and associated uremia — Interval Between Onset and Death: 3 years

177x 51b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN):

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1950 to June 3, 1950 that I last saw the deceased alive on June 3, 1950, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE: C. H. F. Beach (Degree or title) LTJG MC U.S. NAVY

ADDRESS: USNH, Bethesda, Md.

DATE SIGNED: 6-3-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/6/50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR: 3 June 1950

REGISTRAR'S SIGNATURE: ELIZABETH WILLETT

FUNERAL DIRECTOR AND ADDRESS: FAWLER FUNERAL HOME 1756 Penn Ave., NW, Washington, D. C.

D.C.

37628

RECEIVED
JUN 6 1950
BUREAU

Evidence for addition in 21 shown on:

FILM No. G 126 JUL 13 1950

06407

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY (in this place): 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Dist. of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 201 Webster Street, NW

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Ether (Last) TALBOTT

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 15,1876

9. AGE last birthday: 74 yrs. If under 1 year: Months 05 Days 10; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edwin TALBOTT

14. MOTHER'S MAIDEN NAME: Ella ROBEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SpAmer

16. SOCIAL SECURITY No.: - - - -

17. INFORMANT: Wife: Catherine TALBOTT

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia

904.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture, simple, neck of femur

860a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN): Wash. D. C. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 6-23-50 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fall (7-13-50 - ams)

22. I hereby certify that I attended the deceased from June 13, 1950, to June 25, 1950, that I last saw the deceased alive on June 25, 1950, and that death occurred at 10:55 P m., from the causes and on the date stated above.

SIGNATURE: J. E. FITZGERALD, LTJG, MCR, USNR (Degree or title) ADDRESS: U. S. NAVAL HOSPITAL DATE SIGNED: June 26,1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 28 1950

NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: June 26,1950

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: S. H. Hines, 2901 14th Street, NW, Washington, D.C.

30RV9 R. W. Gray

RECEIVED
JUN 27 1950
BUREAU P. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06408

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgom ery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 56 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 5114 No. 25th Road ✓

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) Penfield (Last) Tatum Sr.

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: Feb 3 1884

9. AGE last birthday: 66 yrs. | If under 1 year: Months 4 Days 17 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James P. Tatum

14. MOTHER'S MAIDEN NAME: Mary E. Elsverrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. - - - -

17. INFORMANT AND ADDRESS 1614 Forest Ave Montgomery Ala
Son: Theodore P Tatum Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X
46e

Immediate cause (a) Metastatic Carcinoma

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, transverse colon

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 19 50 to June 20, 19 50, that I last saw the deceased alive on June 20, 19 50, and that death occurred at 8:10 A m., from the causes and on the date stated above.

SIGNATURE Geo Buchanan (Degree or title) ADDRESS DATE SIGNED

G. C. BUCHANAN, LTJG, MCR, USNR U.S. NAVAL HOSPITAL 22 June 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6-24-50 | NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | LOCATION (City, town, or county) (State) Montgomery Alabama

DATE REC'D BY LOCAL REG. June 22,1950 | REGISTRAR'S SIGNATURE Edith Whittington Edith WHITTINGTON | 24. FUNERAL DIRECTOR ADDRESS W W Chambers 3072 M St NW Wash DC

VS. A15

XXX97

052

RECEIVED
JUN 23 1950
BUREAU R. M.

06409

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Mt. Zion — LENGTH OF STAY (in this place) 2 mo	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mt. Zion
HOSPITAL OR INSTITUTION OR STREET ADDRESS c/o Melinda Russell, Derwood Rt 1.	STREET ADDRESS (If rural give location) c/o Melinda Russell, Derwood Rt 1.

3. NAME OF DECEASED (Type or Print) (First) Cornelius (Middle) (Last) Taylor

4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 1950

5. SEX M. | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH July 4-1884 | 9. AGE last birthday 65 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer day work | 10b. KIND OF BUSINESS OR INDUSTRY All kinds | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. non | 17. INFORMANT Welfare Board Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Epilepsy	2 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebrovascular Accident	3 mo
	(c) Arteriosclerotic Heart Disease	yrs

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left leg amputated @ mid thigh 4 mo ago

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1950, to 6/6, 1950, that I last saw the deceased alive on 6/6, 1950, and that death occurred at 9 30 a.m., from the causes and on the date stated above.

SIGNATURE C. H. Ligon Md (Degree or title) ADDRESS Sandy Spring Md DATE SIGNED 6/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Jun 7-1950 | NAME OF CEMETERY OR CREMATORY Mt Zion Md | LOCATION (City, town, or county) Montgomery Co Md (State)

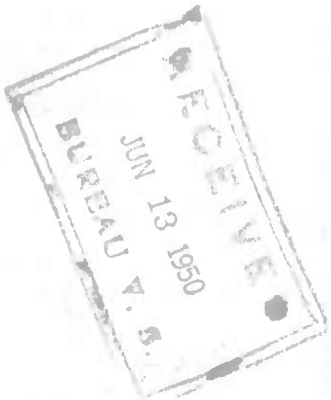
DATE REC'D BY LOCAL REG. 6/7/50 | REGISTRAR'S SIGNATURE L. H. Bell | 24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
JUN 13 1950
BUREAU V. S.

06410

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS East West Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2418 17th St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Willie (Middle) James (Last) Telfair
4. DATE OF DEATH (Month) June (Day) 7 (Year) 1950
5. SEX male
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 2-26-1900
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) helper
10b. KIND OF BUSINESS OR INDUSTRY garage
11. BIRTHPLACE (State or foreign country) N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alfred Telfair
14. MOTHER'S MAIDEN NAME Eliza Perry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Would (If yes, give war or dates of service) #1
16. SOCIAL SECURITY NO. 578-07-8894
17. INFORMANT Bessie Telfair (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage due to rupture of
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) heart
(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death.

819.5
170c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway (CITY OR TOWN) Chevy Chase (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) June (Day) 7 (Year) 50 (Hour) 3.52 P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? 3 wheel motor struck Tel. pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6-7-50
NAME OF CEMETERY OR CREMATORY 1432 you st. N.W. D.C.
LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REG. 6-8-50
REGISTRAR'S SIGNATURE Helen Russell
24. FUNERAL DIRECTOR W. L. Jones ADDRESS 1432 you st. N.W.

90284

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 15 1960
BUREAU V. S.

Evidence for addition of #18 shown on:

FILM No. G 126 JUN 23 1950

06411

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): one day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital	STREET ADDRESS (If rural, give location): 3764 Hayes Street, N.E. ✓

3. NAME OF DECEASED (Type or Print)	(First) Arthur	(Middle) "L"	(Last) THOMAS	4. DATE OF DEATH	(Month) June	(Day) 12	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec 10,1914	9. AGE last birthday: 35 yrs.	If under 1 year: Months 06	Days 02	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dental Student	10b. KIND OF BUSINESS OR INDUSTRY: Denistry	11. BIRTHPLACE (State or foreign country): Louisiana	12. CITIZEN OF WHAT COUNTRY? US				
13. FATHER'S NAME: Jesse THOMAS	14. MOTHER'S MAIDEN NAME: Willie Mae ROSEAU						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Wife: Mildred THOMAS					

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage into tumor	11 June 50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Brain tumor - rt. frontal glioma (6/23/50 akc)	2 yrs.
	(c)	

193x

54b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1950 to June 12, 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE: B Thomas (Degree or title) ADDRESS DATE SIGNED

B. THOMAS, CDR, MC, USN — U. S. NAVAL HOSPITAL — Jun 13,1950

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE THEREOF: June 13, 1950	NAME OF CEMETERY OR CREMATORY: Allegheny Cemetery	LOCATION (City, town, or county) (State): Pittsburg, Pennsylvania
DATE REC'D BY LOCAL REG.: 13 June 1950	REGISTRAR'S SIGNATURE: Elizabeth WILLETT	24. FUNERAL DIRECTOR: W. E. Jarvis, 1432 U Street, NW, Washington, D.C.	ADDRESS

E.W.J. Per. U.E.I.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUN 15 1950
BUREAU V. S.

06412

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandy Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandy Spring
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Raymond	Wesley	Thomas	June	30	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	Mar. 3, 1904	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer	Sanitary Comm.	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clinton Warren	Eliza E. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Janet Thomas (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden death.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH
Hypertension	1½ Yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank L. Brockhart	M.D.	Gaithersburg Md	6-30-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-4-50	Sandy Spring	Sandy Spring, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-4-50	Gertrude B Lawler	Robert L. Snowden	Rockville, Md

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VS. A16A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-41

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH- COUNTY: Montg, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
LENGTH OF STAY (in this place): 5yr 6Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Montg,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Charlotte (Last) Thornton
4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 50 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug 18th 1875,
9. AGE last birthday: 74 yrs. If under 1 year: Months 9 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: " "
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Alfred Chaney
14. MOTHER'S MAIDEN NAME: Amelia V. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Records. of Methodist Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) Cardio-nephrotis – Cardiac Hypertrophy, high arterial tension	10 years
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) large, nodular liver, osteoma of mandible	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ✓
(CITY OR TOWN): — (COUNTY): — (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from —, 1942, to June 4, 1950, that I last saw the deceased alive on 6-3-, 1950, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William C. Miller, 7-Brooks Ave, Gaithersburg, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 6/7/50
NAME OF CEMETERY OR CREMATORY: Waugh Chapel
LOCATION (City, town, or county) (State): Near Gambrills Md,

DATE REC'D BY LOCAL REG.: June 5, 1950
REGISTRAR'S SIGNATURE: Alneda G. Cooke
24. FUNERAL DIRECTOR ADDRESS: Ernest C. Gartner, Gaithersburg Md,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06414

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montg.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) Rockville, Md

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) May (Last) Thrasher

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept 3, 1921

9. AGE last birthday: 28 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Lee Thrasher.

14. MOTHER'S MAIDEN NAME: Nellie Mossburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-12-4665

17. INFORMANT AND ADDRESS: Nellie M. Thrasher (mother) Herndon, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

645.1 Immediate cause (a) Toxemia, generalized peritonitis — 6 days

142 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured Right tubal ectopic pregnancy

(c) left pyosalpinx with pelvic peritonitis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pt admitted pregnancy 2 mos.

19a. DATE OF OPERATION: 6-7-50

19b. MAJOR FINDINGS OF OPERATION: Ruptured Right Tube, huge left pyosalpinx, pelvic peritonitis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6, 1950, to 6-12, 1950, that I last saw the deceased alive on 6-11, 1950 and that death occurred at 7:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John O Rohleder MD 7930 Georgia Ave Silver Spring Md 6-12-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/15/50

NAME OF CEMETERY OR CREMATORY: Darnestown Pres. Ch. Cem.

LOCATION (City, town, or county) (State): Darnestown, Maryland

DATE REC'D BY LOCAL REG.: 6-13-50

REGISTRAR'S SIGNATURE: Helen Kurrack

24. FUNERAL DIRECTOR ADDRESS: Robert A Pumphrey Bethesda Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH — COUNTY: Monty, Germantown. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Germantown
LENGTH OF STAY (in this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) (Last) Waters
4. DATE OF DEATH (Month) 6 (Day) 19 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 21/1859
9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Monty Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: William Waters
14. MOTHER'S MAIDEN NAME: Harriett Watkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS: Simpers Waters Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ACUTE CORONARY OCCLUSION	3 HOURS
Antecedent cause(s)		
420.0 93d — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIOSCLEROSIS c̄ HYPER TENSION	
	(c) ARTERIOSCLEROTIC HEART DISEASE	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV., 1949, to JUNE 19, 1950, that I last saw the deceased alive on JUNE 19, 1950, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ralph L. Nicholson, M.D.
ADDRESS: Damascus, Maryland
DATE SIGNED: June 19, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 6/21/50
NAME OF CEMETERY OR CREMATORY: Nelsonville Cemetery
LOCATION (City, town, or county): Mon Germantown (State) Md
DATE REC'D BY LOCAL REG.: June 19, 1950
REGISTRAR'S SIGNATURE: Alinda G Cook
24. FUNERAL DIRECTOR: E. C. Gartner Gaithersburg ADDRESS

000 W Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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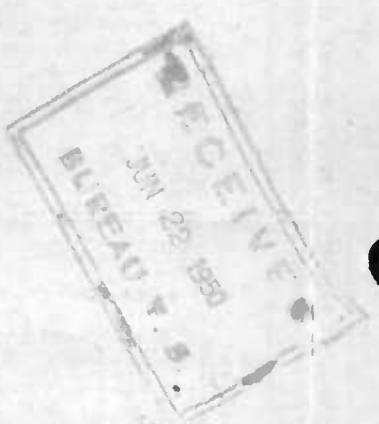
VS. A15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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06416

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Springs; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; STREET ADDRESS (If rural, give location) Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) Lucinda (Last) WHITEHEAD

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Maurice Waskey

14. MOTHER'S MAIDEN NAME: Lillie May Hutchinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Dora Stevens, Savage, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute heart failure — Interval Between Onset and Death: 12 h.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 422.2, 93d

(b) Chronic heart insufficiency — 3 w.

(c) Chronic myocarditis — 2 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1950, to 6-1, 1950, that I last saw the deceased alive on 6-1, 1950, and that death occurred at 3:10 P.m., from the causes and on the date stated above.

SIGNATURE: Wm. R. Bunge (Degree or title) M.D. ADDRESS: 305 P. George St Laurel Md DATE SIGNED: 6-2-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: June 4 1950 NAME OF CEMETERY OR CREMATORY: Savage Cemetery LOCATION (City, town, or county) (State): Savage, Maryland

DATE REC'D BY LOCAL REGISTRAR: June 3-1950 REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: DeWitt Donaldson ADDRESS: Laurel Md.

June 7-50

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06417

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taboma Park — LENGTH OF STAY (in this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 230 Spruce Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: Montgomery MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taboma Park
STREET ADDRESS (If rural, give location): 230 Spruce Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): FRANK ARTHUR WILCOX
4. DATE OF DEATH (Month) (Day) (Year): JUNE 18, 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 13 1870
9. AGE last birthday: 79 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): KNOWLTON, WISC
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: THOS. KENNEDY WILCOX
14. MOTHER'S MAIDEN NAME: MARY JANE FOWLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: MARGUERITE S. WILCOX, 230 SPRUCE AVE. TAK. PK. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151a Immediate cause (a) Acute cardiac failure — 3 Days

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach — 2 years

(c) Generalized metastatic lesions — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/31, 1950, to 6/18, 1950, that I last saw the deceased alive on 6/17, 1950, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE: Paul Haak — (Degree or title): M.D. — ADDRESS: 8801 Colesville, Silver Spring, Md — DATE SIGNED: 6/18/50

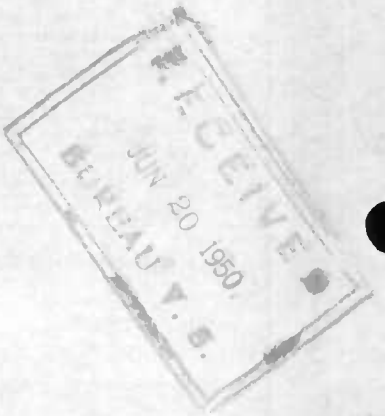
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 20, 1950 — NAME OF CEMETERY OR CREMATORY: FLINT HILL CEM. — LOCATION (City, town, or county): OAKTON, — (State): VA.

DATE REC'D BY LOCAL REG.: 6/18/50 — REGISTRAR'S SIGNATURE: J. Wilson Dodd — 24. FUNERAL DIRECTOR: MONEY AND KING — ADDRESS: VIENNA, VA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 413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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06418

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 13 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1713 Surrey Lane, NW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	Samuel	WITCOMB	June	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 21, 1879	70 yrs.	10	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Marine Officer	Armed Forces	England	US(N)

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel WITCOMB	(unknown) O'DOWD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES WW I		Wife: Martha E. WITCOMB

18. MEDICAL CERTIFICATION Same as Item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Acute Pulmonary Edema	
97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 5, 1950 to June 18, 1950, that I last saw the deceased alive on June 18, 1950, and that death occurred at 4:55 A m., from the causes and on the date stated above.

SIGNATURE D C Billman (Degree or title) ADDRESS DATE SIGNED

D. E. BILLMAN, LT, MC, USN U.S. NAVAL HOSPITAL 19 June 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 21, 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 19, 1950	Edith WHITTINGTON	W.W. Chambers, 3072 M Street, NW, Washington, D. C.

VS A15

ADP 60896

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06419

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo Heights | LENGTH OF STAY (In this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 747 12 St. S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Andrew	K	Zagos	June	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	5-21-1882	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	restaurant	Greece	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Ethel V. Brazier

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brockhaus	M.D.	Gaithersburg Md	6-3-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-5-50	Rock Creek Cem	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-6-50	Helen Purvaeh	Geo. W. Wise Co. Inc.	Wash. D.C.

7207

RECEIVED
JUN 8 1960
BUREAU V. S.